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ART. I.—*Spontaneous Combustion.* Translated from the Archives Générales de Medicine. By P. K.

A celebrated trial which recently took place in the capital of the grand duchy of Hesse Darmstadt, and summarily reported in the March number of the Archives Générales, de Medicine is of such scientific and legal importance that we feel justified in giving it a more or less extensive publicity in our country.

On the 13th June, 1847, at about eleven o'clock P. M., the partially consumed body of the Countess of Goerlitz was found in her chamber in the midst of burnt and burning furniture. The apartment of the countess consisted of three pieces, viz: a principal chamber, with antechamber and cabinet; the first mentioned of which was lighted by windows upon the court yard, and the second upon the street. The apartment could only have been entered by breaking open the doors upon the interior, of which the keys were not found. At the time when the murder must have been committed and the fire kindled,

the countess was alone in the house with a servant named Strauss, (who was not for a long time accused of the crime,) and she could not possibly have received assistance. The count of Goerlitz was dining at the ducal palace and did not return until eleven o'clock, the hour at which the calamity, accident, or murder was discovered. The countess was accustomed when remaining alone, to lock the doors of her rooms and take out the keys. At three in the afternoon she was seen for the last time in the enjoyment of her usual health. She was a woman not more than forty-six years of age, at the most, very active in her habits, not fat, and by no means addicted to the abuse of alcoholic drinks, and consequently fulfilling none of the conditions observed amongst those who are usually the victims of what is called spontaneous combustion. Ordinarily she was blessed with good health, and though delicate, was not subject to nervous affections, and seemed by no means to be exposed to apoplexy or syncope by which a fall might have been induced and an accidental burning caused. Towards eight P. M., the occupants of the house on the opposite side of the way, observed in the chamber of the countess a bright light similar to one caused by a fire in the fire place, which lasted for a quarter of an hour, and they also remarked a thick, black smoke which seemingly issued from the chimney corresponding with the cabinet. At eleven o'clock, when the count returned from the palace, there existed no external signs of combustion. At the moment, however, of opening the doors of the apartment, it was seen filled with a thick smoke of an empyreumatical and suffocating odor, and the secretary, perceived to be burning, broke immediately into a flame setting fire to the window curtains. Near this secretary, some few feet from the door-way, the body of the countess horribly disfigured was found stretched upon the floor. The body was lying in the direction of the window with the legs

towards the cabinet, the two extremities were together and slightly flexed. The garments were thrown as high as the knee. The body was lying upon the side, with the arms slightly stiffened, it was immediately removed to another part of the house. The leaf of the secretary—the part generally used in writing—the upper and lower drawers were almost entirely consumed, and particularly the lower ones ; the remainder of this piece of furniture was only partially destroyed. The flooring in front of and beneath the secretary was burnt through the extent of some twenty inches, and through to the joists.

But the flooring of the spot occupied by the dead body exhibited no appearances tending to indicate that a burning body had been placed upon it. The mirror placed above the sofa was broken in several places, and was covered with a coating which was shown by chemical analysis to be organic matter, the product of the carbonization of vegetable and animal matters. The bell rope was found upon the floor, burnt at its upper extremity, just below where it was fastened, and at a considerable distance from the secretary. In the cabinet there was a divan, in the middle of which was burnt a hole about a foot and a half in size, and destroying the covering, the hair and moss with which it was filled, and the girthing supporting it. An oil painting hung above the divan was so thickly covered by a coating similar to that covering the mirror, that its colors had entirely disappeared ; near this divan was found the slipper of the countess, which was missing when the body was carried to an adjoining room. The candlesticks containing candles were in the places usually occupied by them, and nothing seemed to indicate that the countess had used them or any other light.

The body of the countess, examined in the chamber whither it had been transported, presented the following appearances :—

The head and neck, the anterior part of the thorax, and the superior extremities from the fingers to the shoulder were horribly burned, but the clothing which covered the lower part of the body was not touched by the fire. The head was reduced to the size of one's double fist, and everywhere equally burned. The remains were of a deep brown color with a greasy brilliancy like a coating of varnish. The mouth was wide open, and the tongue completely carbonized. Some of the experts thought there had been propulsion of the tongue. The neck, like the head was burned in its entire circumference, presenting a similar appearance, but having lost less of its volume. The burn extended as far upon the back as could be seen without turning the body. Upon the anterior surface of the body, the burn extended over the thorax as far as the pit of the stomach; thence it ran in the form of an arc over the two sides of the thorax, in such manner that the unburnt portions of the garments, and of the body were almost on the same line. At the inferior part of the chest, where the burn was confined to the integuments, the skin for the extent of about an inch, puffed and was slightly carbonized towards its edge.—Above this point and in front, the clothing and the tissues of the body were all so uniformly burned with the exception of the sternum, the clavicles, the ribs and intercostals, that the integumentary covering of the breast and the muscles of the chest seem to have been removed by a knife. This surface was also of a deep brown color, but less lustrous than the head. The arms seemed to be uniformly carbonized from the tips of the fingers to the shoulders. But the tissues were recognisable, they were deeper colored than the other burnt parts, being perfectly black. The head of the left humerus protruded directly upwards about three inches. One of the persons who assisted in moving the body, declared that, having taken it under the arm, it seemed to him at that instant it was

the arm bone left the shoulder, and that there remained in his hand only one soft and fatty mass. There was no redness, no true vesicles—some of the witnesses testified to having seen them, but their presence was not observed by the physicians. No wound, no proof of violence, preceding the burning was discovered.

At first the difficulty of explaining so extraordinary a case, joined to the total absence of all traces of violence upon the body of the countess, gave rise generally to the belief of the spontaneousness of the combustion. Dr. Sieboldt was especially of this belief, and it was not until the commencement of November—five months after the accident—that a judicial inquest was commenced against a servant of the late countess named Strauss, some of the jewels of the countess having been discovered in the possession of his relatives. However, the spontaneous-combustion party still rejoiced in its partizans. In a memoir, dated April 12, 1848, ably composed, but in which gratuitous suppositions and subtle reasonings supplied the place of solid inductions, Dr. Sieboldt took the position that it was impossible to explain otherwise the circumstances connected with, and the amount of the combustion. He explained the divers marks of fire in the apartment, by supposing that it had been communicated to the furniture from the body of the countess. For instance lying wrapt in sleep upon the divan of the cabinet, spontaneous combustion might suddenly have commenced in the head, and thus that portion of the divan upon which the head rested has been destroyed; afterwards rushing into her bedchamber and falling near the secretary, she might have thus communicated the fire to this and other articles of furniture, etc. On the other hand, Dr. Graff, in a report made on the 14th of July following, in the name of the medical college of the Grand Duchy, held the opposite opinion. The author who believes in the possibility of spontaneous combustion of the human body, arrived, by

comparing the different circumstances of this case with the reports of cases of spontaneous combustion, at the conclusion that the countess of Goerlitz's case was not one of the latter. According to him the most essential requisites for spontaneous combustion were wanting, and he refuted most satisfactorily the suppositions by which Dr. Sieboldt explained the details of the catastrophy. One of the arguments upon which Dr. Sieboldt especially relied was drawn from the difference of the incineration of a body under ordinary circumstances, and upon the insufficiency of the combustibles consumed in the apartment of the countess for producing the effects observed. Dr. Graff thought the reverse with reference to the carbonization of the soft parts of the body, and of the flat and thin bones, and he cited as proof the following, as he thinks, analogous case. The part of the table upon which the head of the body rested was very near the door of a stove containing a lighted fire, and under this table were scattered shavings. The odor of smoke was perceived, and when the cause of it was discovered the shavings and upper parts of the table were found consumed by fire, as was also the head of the body, in place of which remained a shapeless, disgusting carbonized mass. Such an appreciation of the facts in the case led Dr. Graff to believe that the death of the countess of Goerlitz was most decidedly caused by assassination. He desired the exhumation of the dead body for the purpose of examining, if possible, the condition of the bones of the head, for he believed that not strangulation alone, but that fracture of the skull had also been resorted to.

The body was exhumed on the 11th August, 1848, 14 months after the accident, but without any very important disclosures. It established the carbonization of most of the bones of the head, and the complete destruction of more than two thirds of them, principally of the left side, the carbonization of the head of the left humerus, the de-

struction of the contents of the thorax, except some traces of the heart and diaphragm, and the preservation of the belly which had but very slightly putrefied, etc. On the right temporal bone, almost perpe dicular to its superior edge, there was a slight fissure half an inch long, but this might be easily accounted for either by the action of fire, or by direct violence. It was established that the head was the part which had most suffered by the combustion, it being almost entirely carbonized, whilst on the neck, breast and arms, the soft parts only were destroyed by the combustion. This accorded strictly with the superficial examination of the corpse when the traces of the effects of fire gradually diminished from the head towards the pit of the stomach.

The College of Medicine, together with the physicians who had previously testified, concluded that the case was one, *not* of spontaneous combustion, but of incension, for the purpose of concealing a murder accomplished by means of choking and fracture of the skull. Dr. Sieboldt still sustained his first opinion.

In the midst of these conflicting opinions, the presiding judge, shortly before the trial, desirous of procuring all possible light upon the subject, directed Profs. T. Bischoff and J. de Liebig, to be summoned, in conjunction with the College of Medicine, and the experts previously named, for the purpose of resolving the knotty points arising in the case.

It is impossible and unnecessary to reproduce here the report of the new committee. Suffice it to say, that they unanimously rejected the supposition of spontaneous combustion, on the ground of its absolute impossibility, and that Dr. Sieboldt himself, ultimately gave in to this opinion. The cause of this decision was developed in an oral examination of Messrs. Bischoff and Liebig, and to this we will refer further along. As to the other questions bearing upon the cause of the death of the countess, and

upon the effects of the fire, we append the following brief extract from the report:

1st. The countess of Goerlitz did not fall a victim to the effects of an external fire, and was not exposed, either of her own accord, or through the instrumentality of others, to such a frightful accident. Death from such a cause does not seem possible, unless the individual falls into the midst of an intense fire which completely envelops him, as a burning house for instance, or without he be so disabled that he cannot save himself, or finally the fire seizes upon the clothing, especially that of females which is particularly favorable to the propagation of the flames. In the case in question neither of these circumstances, but rather the reverses occurred. Besides, it is impossible that a sane person should voluntarily seek death by the slowest and most painful of all means. And it is equally difficult for a single individual to compel another to perish by means of a slow fire. There is, moreover, nothing indicative of the action of fire upon the living body—the vesicles, to the existence of which one witness testifies, being most imperfectly proved.

2d. It is certain that the body of the countess was exposed to the action of fire after her death. But information derived immediately after the calamity is so very incomplete, so unsatisfactory, that it is impossible to decide with certainty what was the cause of the death, before she was subjected to incension. Subtile poisons, such as strychnine, prussic acid, morphia, etc., might have been employed and fire resorted to, for the purpose of concealing the traces of the poison. But this presumption is opposed by all physical and moral circumstances, and so much time has elapsed since the death of the countess, as to render it impossible to discover any traces of such poison, as alone could have been used. It is scarcely more probable that she could have fallen under the effects of a sudden attack of illness, or some unfortunate accident,

and then have been accidentally consumed by fire. We are forced to conclude, not only by exclusive but also by direct reasoning, that the countess of Goerlitz was murdered, and that fire was used for the purpose of concealing the crime. The protrusion of the tongue is not sufficient evidence of strangulation, when we take into consideration the degree of burning of the hard and soft parts of the face, and the different action which fire has upon parts which are free, and upon those which are more or less deeply placed. As to the fissure, observed after the exhumation upon the right temporal, and which the medical college thought might be the point of departure of an extensive fracture of the base of the skull, it might also very readily be the result of the action of fire, as was proved by the existence of similar fissures upon the head, burned during the experiments made at Giessen. Besides numerous other fissures precisely similar to this first one, caused simply by handling, have made their appearance upon other parts of the skull. There is then nothing forced in the deduction that one of these fissures was observed the day of the exhumation, and that the others have been caused from time to time. Nevertheless, it is more probable that the countess was killed by a blow, than that she was strangled, for it is not likely that a man of medum strength, could choke to death without great resistance, a woman, who, like the countess, was robust and accustomed to bodily exercise, unless he had surprised her during sleep, which in this case is an inadmissible supposition.

3d. The committe were divided upon the question whether the incension of the body of the countess was caused solely by the burning of the secretary, or if the fire originated otherwise. The majority thought it both possible and probable that the upper part lay within about 2 feet of the burning piece of furniture. The time during which the fire of the secretary might have acted upon the body,

(three hours and a half,) was sufficient to produce those effects observed. The position of the corpse was favorable to its combustion. The form of the burn on the body, and the clothing, went to show that it had happened with the body in the place and position which it occupied when found. Moreover, there were no marks serving to indicate even that the corpse of the countess had been burnt elsewhere than in her apartment. It is also impossible to admit that the combustion had been caused in the apartment by means of alcohol, oil, charcoal or wood, for it would have been impossible for one man to make the necessary preparations for such a proceeding, such as kindling the fire and keeping it kindled, moving the body, supporting the head and chest, and arranging the arms particularly as they must have been to be burnt, intentionally, as they were, etc. It also seemed impossible for a man to remain in the chamber where the body and clothing were burning, and where it was impossible to open the doors or windows without betraying the fact. That alcohol could not have been employed was proved first by the fact of the quantity which it would have required, a quantity too great to have been carried without exciting observation, (3 litres, about 6 pints and a half, being necessary for the head, and much more for the chest and arms); but then again it would have required a large reservoir for the purpose of exposing the body to the flames. During the combustion of even these three litres a living man could not have remained shut up in the apartment in an atmosphere of which the oxygen would be reduced from 21 in the 100 to 14 in the 100---lower than in expired air. The time too at the disposition of the murderer, (from 7 to 8½ o'clock,) was not sufficient to permit those adjuvants to be found, arranged, used, and all traces of them to be removed. As to the burn on the divan in the cabinet, it might have happened by accident, or been intended to remove blood spots, or to extend the fire.

The minority of the committee, without denying that the combustion of the secretary was sufficient to account for the amount of burning of the body, did not think such was the case from the following circumstances: the singularity of the different circumstances connected with the affair, the absence of all traces of fire in the place where the burnt body was found, and the fire on the divan which had been observed for more than a quarter of an hour from the neighboring house.

We stated that professors Bischoff and Liebig had explained to the court the reasons convincing the majority of the committee of the impossibility of spontaneous human combustion; as that is the most interesting and important part of the whole we will dwell somewhat upon it.

The first recorded case of spontaneous combustion, said Mr. Bischoff, dates back about one hundred and fifty years (that of Millet a woman of Reims, in 1725.) By human *spontaneous combustion*, we understand that a man has been more or less burned, without our being able by external circumstances to explain the burning. Then it is that we say, this man has burned not by aid of external combustibles, but within himself (spontaneously); an expression, which, implying an entire theory, seems to be incorrect. How much better it would be to say; we do not know how this person died, but, in saying that he died from spontaneous combustion, we only substitute an explanation quite as absurd. Thus the doctrine of spontaneous combustion, which has crept into the science is the result of ignorance, and not of scientific research or experimentation. Upon what authorities does this pretended fact rest? The 45 or 48 cases which have been published, relate to individuals burnt either where there was too little, or an entire absence of, combustible material, to account for the combustion. With the exception of two cases of complete and four of partial consumption by fire,

the victims of which survived, no one possessing scientific knowledge, no witness of any sort, has been present during the accident. The first case of complete spontaneous combustion, was witnessed and described by a chambermaid and an unknown person, and the second by a stranger. In the four cases of partial combustion, it is very evident that the first one was caused by burning sulphur, which the burnt person spread upon his clothing in the endeavour to extinguish the flames with his hands; the second was the case of a young girl of Hambourg, upon whose hands there appeared a flame which was followed by vesicles; but this fact though reported by a distinguished physician was not witnessed by himself, or by any other person. Most probably then these vesicles were the result of some disease, or perhaps of a burn intentionally made, for the purpose of attracting attention, of gaining admission into the hospital. The third case, which is very generally known, relates to a priest, named Bertoli, and was reported in 1786, by an Italian surgeon. Any unprejudiced person who reads the account of this case, must be convinced that that individual was burnt by fire communicated to his clothing from a lamp. The fourth is still less worthy of confidence, it relates to a blacksmith named Reynaleau: a narration unconfirmed by the slightest evidence, full of contradictions, and winding up with the characteristic trait, that holy water only was able to extinguish the flames. Not one of these cases has ever been reported immediately after its occurrence by any one of recognized authority. Physicians have arrived in several instances after the catastrophe; and some of the cases have been subjected to a judicial inquest, and have the appearance of reality. But for an observer accustomed to criticism, and to the requirements of rigid observation, the reports which we possess are far from presenting the guaranties indispensable to an enlightened investigation. Phenomena such as those of spontaneous com-

bustion require a methodical observation, which the cases mentioned do not possess the slightest trace of. In none of them was there even an autopsy made, still less a serious, scientific investigation, or chemical analysis. In all the cases of spontaneous combustion which have called forth judicial or medical inquests, we constantly see an exhibition of levity, ignorance, prejudice, credulity, and very often of culpability. At the epoch when most of these facts were reported, science itself was not sufficiently far advanced to supply the lights necessary for an analysis of what was observed. As to the numerous cases that have been reported from hear-say, they are based upon the authority of the school-master, the curate, or the village mayor, but have never given rise to an inquest of any kind. A recent and very remarkable instance will demonstrate how, gradually, these accounts become introduced into the annals of science. M. Bischoff here cited the case of pretended spontaneous combustion, published by the *Gazette des Tribunaux*, and reproduced in the *Journal des Débats*, for February 24th, 1850. The case was that of a man who, in a drinking shop, where he had, according to custom, drank deeply, introduced into his mouth in consequence of a bet, a lighted candle; he was suddenly set on fire from within, and his head and the upper part of his chest were carbonized in half an hour in spite of all the assistance rendered. The death and the effects of the fire were reported to have been verified by two physicians. From information acquired by M. Liebig from different savans of Paris, and especially from the prefect of police, it turns out that the whole account was imaginative, and pure fiction invented for the columns of the paper which had inserted it.

The question of spontaneous combustion has been treated of, adds M. Bischoff, by illustrious men, Rudolphi and Treviranus, MM. Kopp and Nasse. These savans have investigated and have expended a great deal

of labor and of science for the purpose of explaining this phenomenon. But incredible as it may seem, without first assuring themselves of the truth of reports as made, they have admitted them as they were presented. Their explanation only could be important, and this is wanting. We do not deny these cases because we cannot explain them, but because their existence must be based upon explanations which tend to overthrow the laws, heretofore admitted as true and exact, of physics, physiology, chemistry and pathology. I will confine myself to the mention of the fact, recognized by all, that a body containing twenty five per cent. of water, does not take fire of itself, and does not continue to burn when started. Suppose we collect all the solid parts of the body, the bones, the skin, the tendons, the muscles, and put the water contained in the body into a vase; kindle these solid parts and their entire consumption will not afford sufficient heat to vaporize the water. Alcoholic excess however, we are told, brings about a modification in the human body which renders possible its spontaneous combustion. It is true, all accounts of cases of spontaneous combustion tell us that the subjects were addicted to the abuse of ardent spirits; it is also true that alcohol is inflammable; and why not admit that the body soon becomes impregnated with it, and that, especially when fire is communicated from the exterior, it can burn. Such reflections may be made, but for the naturalist and physician they are valueless. The knowledge which we possess upon the passage of substances from the stomach and intestines into the blood, teaches us that alcohol reaches slowly and in very small quantities the sanguineous system, and as the circulation goes on with great rapidity, the alcohol is carried almost immediately into the lungs, where the blood comes in contact with the air. There the elements of the alcohol become modified by its combination with the oxygen of the air, forming carbonic acid and water which the respi-

ratory process eliminates from the system. Thus under ordinary circumstances we cannot even prove the presence of alcohol in the blood, since it is decomposed and thrown off by the lungs. Here it may be thought that alcohol taken abundantly will penetrate the blood in substance and in large quantities, and spread itself throughout the whole system. Observations and experiments by distinguished men have been made upon this subject, but they are contradictory; some pretend to have found alcohol in the blood, and even in the brain of persons addicted to drink and who have died drunk. Percy discovered traces of it in the brains of dogs into whose veins he had injected a considerable dose. But the observations of Percy are in direct contradiction to those of Dr. De Pommer, of Zurich, who found no traces of the spirit in the blood. MM. Bouchardat and Sandras were unable to discover alcohol in any secretion except in the pulmonary exhalation. So far then it remains to be proved that the human body can imbibe alcohol like a sponge; moreover it is, *a priori*, impossible to admit that the body being saturated with alcohol life could continue for a single instant. The coagulation of the albumen, the arrest of the circulation, and the destruction of the nervous system, are the immediate results of the injection of any considerable quantity of alcohol into the blood of an animal. For my own part I am convinced that a dead body does not become combustible from being saturated with alcohol. I have taken parts of a dog into whose arteries I had injected alcohol at 92°, and they would not burn when exposed either to a flame or to the action of carbon; in the latter case only they roasted and carbonized, but ceased even that so soon as withdrawn from the action of the fire. M. Bischoff ended by refuting and ridiculing the stories of flames issuing from the mouths of drunken individuals.

M. Liebig, who six years since, had given his opinion,

upon spontaneons combustion, (*Annales de Chimie et de Physique*, 1844, t. 1, page 331,) likewise opposed, for very extensive reasons, the possibility of the facts reported on the subject. It will be borne in mind, said he, that the idea of spontaneous combustion arose at a period when all opinions upon the subject were erroneous. What takes place in combustion was only known some seventy years ago, (Lavoisier). What is necessary for the combustion of a body, has been known only forty years, (Davy.)

Since the occurrence of the case of Millet of Rheims to the present time, some forty-five or forty-eight cases have occured which are alike in—1st. always having taken place during the winter season; 2nd. the persons attacked have all been drunkards drunk at the time; 3rd. they have most generally happened in countries where rooms are heated by open fire-places, and furnaces of charcoal, in England, France and Italy; in Russia and Germany, where stoves are principally used, deaths from spontaneous combustion are very rare; 4th. there has been no eye-witness to the combustion; 5th. no physician, amongst all those who have attempted to explain these cases, has seen one; 6th. there is no information as to the quantity of combustible matter consumed; and 7th. some time has always elapsed from the commencement of the combustion until the body has been found consumed. M. Liebig also argued with great power upon the principal details reported as connected with spontaneous combustion, and upon the explanations given of them. He also demonstrated clearly the error into which the partizans of the spontaneous combustion theory have fallen. The arguments which they employ being deduced, contrary to all logical rules, in the cases in point; death and the destruction of the body, the cause of which is unknown, being assumed as proof of the truth of the assumed cause. These cases are explained by the fact of the possibility of spontaneous combustion, the existence or

possibility of which is proved by the same cases. This discussion we are disposed to believe does not admit of refutation, and gives a fatal blow to the doctrine of spontaneous combustion.

The trial, which occupied the greater part of the month of March, 1850, concluded by the condemnation of J. Strauss, as the murderer of the Countess of Goerlitz, to perpetual imprisonment. The journals have recently published that he has made a full acknowledgment of his crime. He admitted that going into the chamber of the countess upon some household duty, and finding no one, he could not upon seeing that the secretary contained money and articles of value, resist the temptation to steal. The countess having discovered him in the act, he seized and strangled her with some difficulty; then having placed the body in an arm chair, near the secretary, he surrounded it with combustibles, to which he set fire for the purpose of concealing his crime. P. K.

Art. II.—*Remarks on a peculiar appearance of the Tongue in Malarial Diseases;* read before the Greensborough Medical Society. By Dr. Thomas C. Osborne, of Erie, Ala.

Fever has been a subject of paramount interest in all ages of medicine. It has been the theme of endless discussion and of numberless dissertations, but has lost none of the importance attached to it by its earliest investigators. Its cause continues to be a matter of speculation; its pathology is still far from being settled; and the mortality arising from it, though happily diminishing, remains very great. Under these circumstances any new fact contributed to our knowledge respecting its pathology, cure, or prevention, cannot fail to awaken interest. It is to direct the attention of physicians to certain

phenomena in miasmatic diseases which I think I have observed, that these pages have been prepared.

The medical world has been divided between the *idiopathic* and *symptomatic* theories. A still greater diversity of views has prevailed in reference to the cause of fever, but I shall not stop to discuss them. The vegeto-animalcular hypothesis seems to me to have most to recommend it, and as it is well set forth by Dr. Drake in his able work on the diseases of the interior valley of North America, I trust I may be pardoned for quoting at some length his remarks on the subject.

On page 723 of that volume, he says: "The microscope has revealed the existence of a countless variety of organic forms, which surround and penetrate the bodies of larger animals and plants, whether living, or dead and decaying, inhabit all waters, salt and fresh, and swarm in the atmosphere; buoyed up and moving by their own organs, or sustained by their levity, and wafted about by currents of air.....The power of reproduction possessed by these microscopic creatures, is still more wonderful than their minuteness. It exceeds, indefinitely, all examples presented by the visible organic kingdom; where, however, we see the government of the same law, for, in both plants and animals, the small multiply more rapidly than the large.....Among the visible plants and animals, there are species that form no poison, and others which secrete that, which applied to, or inserted in our bodies, produces a deleterious effect, which is generally of a definite kind. Thus, the venom of the rattle snake produces a disease of a definite form; cantharides another; certain fish are poisonous when eaten; wasps and bees instil a venom; and the smallest visible gnat, as that which inhabits the forests of the middle latitudes, and that which is known under the name of the sand fly on the shores of the Gulf of Mexico, inflames the skin; while the juice of the stramonium, the exhalations of the rhus toxicodendron,

and the fungus which grows beneath its shade, excite peculiar diseases. It seems justifiable to ascribe, by analogy, to microscopic animals and plants, the same diversity of properties which we find in larger beings, differing from them, as we may presume, in nothing but size and complexity of organization."

Again, on page 726, he says: "Microscopic observation and analogy render it probable, that in the invisible, as well as the visible province of the organic kingdom, there are distinct species, which constitute, by their union, natural families or orders. We know that in each natural assemblage of the larger plants and animals, the species resemble each other in many internal qualities, as well as in their forms. Thus, an astringent principle pervades the various kinds of oak; a resinous principle the linear evergreens; an aromatic oil the peppermint; and other didynamous herbs; a poisonous principle, the different species of rhus; and that a narcotic principle pervades a large assemblage of plants. Now, may it not be, that two distinct species of the same natural order of microscopic beings, may produce autumnal fever? May not one be the cause of intermittents—the other of remittents? may not both act on the system at the same time; and may we not thus explain diversities, which are inexplicable on the malarial hypothesis. Every practical physician knows, that while the juice of a variety of plants will produce the pathological condition called narcotism, the symptoms of that state, when induced by the different agents, differ as widely from each other, as the symptoms of the different forms of autumnal fever."

But whatever be the poison generating fever—whether malaria, animalcules, or cryptogamous plants--if I am not mistaken in my observations I have remarked an appearance of the tongue, which reveals the presence of the poison in the system in time to enable us to remove it before it has exerted any seriously deleterious influence.

My experience is, that this earliest evidence of the impress of the poison is uniformly present, and that we may ward off the attack by timely attention to it.

For several years past, my attention has been attracted to this peculiar condition of the tongue, which from its invariable position and presence in the diseases and predispositions generated by miasma, may be appropriately denominated the *malarial margin.* As the name imports, it is an essential departure from the normal aspect of the edge, constituting a distinct lateral boundary of the tongue, occupying more or less surface according to the charge of infection in the system. Ordinarily, the color amounts only to a very faint bluish tinge, which is liable to be lost, or merged in the various tints imparted to the tongue by various diseases. The most fixed condition of this symptom is an appearance of indentation or crimpling transversely, which is apparently confined to the subjacent tissue, while the superficial tegument is moist, smooth, and transparent. In word, it seems to be a continuation or encroachment of the inferior surface upon the superior and lateral borders of the tongue, greater as we approach the root of that organ.

My opportunities for noting this appearance of the tongue have been ample during several years, among a considerable population composed of the white, black, and mixed races permanently residing upon the banks of the Warrior river, (in sandy as well as the prairie regions) and in many individuals from other and different sections of this and the surrounding states; and I can truly say that in no instance has it ever failed to inform me correctly of the agency which the remote cause of fever had begun to exert in each individual case. After being once recognized it is not easily mistaken, and from pointing it out so frequently to non-professional persons of my acquaintance, many of them have become as thoroughly convinced of its significance as myself, and call it, very properly the

"fever tongue." I have frequently, upon seeing a well defined instance of the malarial margin, predicted fever within a month, and although the individual would be disposed to smile incredulously, and boast of excellent health, the result has generally created in their minds and bodies a different sensation.

The fidelity of this symptom to the source of its origin is under all circumstances fully equal to the importance which I have attached to it. In a considerable number of cases of the different forms of dropsy, neuralgia, and inflammation, it has alone enabled me to reach a correct diagnosis, when every other symptom seemed to deny the agency of malaria in the case. Wherever seen, I have invariably assumed that there existed a tendency to intermittent disease, and upon watching the progress of the case have as invariably detected this condition. In numerous cases of pulmonary inflammation, where the fever seemed continued, the cough unabated, the oppressive respiration persistent, and the pulse unvarying in its activity, the physical signs have designated with great accuracy the periods of repose and excitement in the course of the disease. In the gastric and intestinal phlogoses, again, whether as causes or consequences of fever, if this peculiar impression is seen upon the tongue, no apprehension need be felt in the administration of quinine, however malignant the case may appear. Here also intermission, varying in degree according to the severity of the disease, is always present, and generally speaking, the shorter the period of repose the greater the quantity of medicine required, and *vice versa*. I have not hesitated, in many cases, where the disease was marching rapidly to a fatal termination, to prescribe one, two, and even three drachms of sulphate of quinine at a dose, to be repeated according to the urgency of the indications. Gastro-enteritis as a complication in the autumnal fevers of our section is by no means uncommon. On the con-

trary, in the limits of my practice it exists in a majority of cases. At the present time there prevails on both sides of the Warrior an epidemic diarrhea, as symptomatic of mucous irritation, which in a number of instances resists all the usual remedies given in such cases, but yields readily to repeated doses of quinine, and the daily use of the cold dash. The most active of these cases present unmistakeable evidences of gastro-intestinal inflammation of a high grade, but in no instance have I failed on a close examination to recognize a quotidian or tertian form of intermittent, and in no instance has the malarial margin been absent from the tongue.

My tabular report of the diseases of the last month exhibits diarrhea as the prevailing type of disease, and by reference to that paper it will be seen that there have occured to me twenty-five cases, in individuals varying in age from three months to sixty years; as respects the treatment, the whole number may be divided as follows, viz:—

Of those between the ages of three months and ten years, six required quinine and the cold bath, while five yielded to the administration of opiates and astringents; and of those over ten years, twelve demanded quinine and the cold dash, while only two yielded to opiates and astringents.

Some of these cases were of an alarming character, and my conviction is that their favorable termination is due to the use of quinine which I was at first led to administer by the malarial tongue. During the last four years our country has been visited by an unquestionable form of typhoid fever, and in not one of the cases of this disease which I have seen has the tongue exhibited the malarial border, but has appeared as if scalded in patches. But the semblance of typhoid fever is assumed by many cases of the autumnal disease, in which, but for this symptom, much apprehension might be entertained and much valu-

able time lost to the physician in the treatment, for it is well known, that quinine is actually injurious in all stages of the typhoid fever, while in those cases merely wearing its livery, that remedy is not only useful but essentially necessary to the cure of the disease.

If the malarial margin were useful only in unmasking this form of disease, its value would be inestimable; but when it points out with equal certainty all other varieties of disease in which miasma exerts a predisposing agency, it becomes a phenomenon of the greatest importance.

It is not easy to exaggerate the value of a sign by which we detect the operation of the poison in its inception, and are conducted to the true method of suppressing it. I subjoin a few cases illustrative of the utility of this diagnostic feature :—

Case 1. *Malarial Dyspepsia.*—A planter who has resided at his present abode for seven or eight years, had generally enjoyed tolerable health up to September, 1849. He was then attacked with a severe autumnal fever of the typhoid type, from which he gradually recovered in about four months. In the following spring he began to experience dyspeptic symptoms, which were usually accompanied by a diversity of complaints in the nervous and tegumentary systems, whenever he indulged too freely at table or in diet that disagreed with his stomach. Sometimes there was distressing pain in the head and back, attended with weakness and tremors of the extremities; at others lumbago, with transitory arthritic pain; or the affliction would under favorable circumstances invade the mucous or cutaneous surfaces and excite in the one temporary painful eruptions; or an irritation would occur in the mucous system and give rise to catarrhs, asthma, or diarrhea, etc. These attacks, when once established by inattention to dietetic regulations, would always observe, in their progress, a regular series of exacerbations and

remissions, either quotidian, tertian, or quartan in type, during several periods; each growing lighter, unless arrested by the use of quinine or peruvian bark, which constitute the principal part of the treatment in every instance. They continue still to recur occasionally, but are weaker, more transient in duration, and observe longer intervals of repose than formerly. Since the attack of fever, his tongue has retained the malarial margin persistently, while its configuration and other appearances have undergone a great variety of alterations. There is also one other symptom in this case which I have not witnessed elsewhere. For several hours, or even days before the attacks of either of these forms of sickness, and during their course, a patch or patches of bright red discoloration, in various sized spots—from a mere stigma, to the dimensions of a dime—of a circular form, with perfect intervals of natural surface, occur on the palmar side of the hands, being most distinct on the fleshy mass near the thumb. He learned early to appreciate this rash as a faithful premonition, and, upon their appearance uses the means to ward off the violence of the suffering which is sure to follow.

His residence is on an elavated south bank of a lagging stream, which courses meanderingly a little south of west, through open fields, to the Warrior river, distant some three or four miles. With the winter and spring freshets this small creek spreads its waters freely over a considerable surface of adjacent low lands on both sides, and the layers of decomposing sediment thus deposited enjoy very favorable exposure to summer heat. Immediately on the east, and adjacent to the dwelling, commences a chain of hills which are heavily timbered; and on the north, hard by, there is a body of low alluvion comprising several hundred acres, densely shaded, but having a great surplus of dead and decaying vegetation upon it.

Thus, he may be said to live at the head of navigation of the remote cause of fever, and as the prevailing winds of summer and autumn are from south and west, much sickness of this character might be reasonably expected in his large family; and facts go to verify the supposition.

CASE II.—*Malarial Dropsy.* Mrs. S. was attacked with anasarca on the first of January, 1851, during pregnancy, and at the eighth month gave birth to a puny child, early in March.

The dropsy had before been strictly confined to the cellular tissue, but now increased rapidly and in a short time filled the thoracic and abdominal cavities to a very painful degree of distension. No relief could be obtained, nor sleep procured, from the oppressive dyspnœa except in a sitting posture. In this condition she remained until the twenty-ninth of May.

Upon an examination of the tongue I found a wide malarial border, and by pertinent inquiry ascertained that she was suffering hebdomadal paroxysms, this being the day for one of the periods. The surface was jaundiced, the flesh wasted, the respiration short, heaving and painful; pulse faint, frequent and thready; the temper morose and fretful, bowels active from mercurials that had been repeatedly administered, and the urine scanty and high colored. Of course she had not been able to nurse the babe at the breast, and it was shadowy and sinking. Prescription:—

℞ Pulv. citrat. ferri,

Sulph. quin. ää grs. v, in pills, three times daily for four days; then every two hours for two days.

Pulv. digitalis j gr. every six hours.

Decoction of uva ursi and buchu leaves ii oz., every night.

Tepid bath daily.

Thursday, June 5th. Bowels still brisk; kidneys aroused to powerful action, the urine being limpid and

passing off hourly in great quantities; pulse better developed and reduced in frequency; the breathing more easy and natural; able to rest quietly and sleep upon the bed. Continue the medicines.

Sunday, 8th. Peculiar effects of digitalis manifested strongly, commencing on yesterday; the whole system prostrated under its influence; pulse irregular, full and intermittent; respiration natural; urine discharging freely; intense pains in the stomach and bowels, and bilious vomiting. *Dropsy disappeared.* Discontinue medicines, and give brandy and wine whey; blister to epigastrium.

Wednesday, 11th. Effects of digitalis continue, but gradually dying out; pains and vomiting arrested; urine less copious, and high colored again; skin cleared up.

Auscultation revealed, from the first day of digitalis impression, a prolonged bellows murmur, during first third of the heart's action, completely masking the dull sound, while a tremulous agitation of the chest was communicated to the hand with every impulse or shock of the heart. As the effect of the medicine approached its maximum, the abnormal sounds increased in intensity, and the murmur resembled exactly the thrust of a coarse saw.

To-day the sounds are less rough, or in other words as the effect of the medicine diminishes the abnormal sounds disappear, and are replaced by an approach to the natural order of sounds in the heart's action.

Stimulants gradually discontinued; recommence sulph. quinine and citrate of iron; paint surface of abdomen and thighs with tinct. iodine daily; light diet.

Friday, 13th. Convalescent. I should have stated that during the paroxysms of pain, chloroform, by inhalation, was given repeatedly with the most pleasant results. She keeps it now constantly at hand. The residence of this lady is on the west side of the Warrior, and immediately on the border of a sluggish slough, the waters of which

are dammed up by every rise of the river, and during the hot seasons give rise to offensive effluvia all along its course.

CASE III.—*Malarial asthenia of the uterus.* Mrs. M., aged forty-five years, was taken with menorrhagia in the fall of 1846, at a period of the catamenial flow, which continued rather passively until she was reduced to the verge of the grave. The next year it returned in the summer; and the next, again, in the middle of spring, and in each visitation the duration was prolonged to the approach of cold weather. In 1849, it returned early in the spring, and was of so threatening a character that her physicians advised a removal to some of the established watering-places; and after a month or two stay, under the use of chalyebate drinks, and healthy atmosphere, her health rapidly returned, and the hemorrhage ceased. She returned home in September, and was in a short time suffering again from the disease. In November I saw her for the first time. She was now wasted in flesh, and her complexion entirely replaced by sallow paleness; the pulse was feeble and frequent; the muscular energies prostrated; the digestive powers exhausted; and the stomach so weak that very few things taken upon it would remain. The tongue was pale, and had a broad malarial margin, and upon inquiry I found that she had evening exacerbations of fever. This state of things she assured me had existed all the time, save in the interval passed at the springs. The several physicians who had been in attendance pronounced it an approach to the critical period, and when I ventured to assure her that under appropriate treatment, health might be restored in a few weeks, she manifested the utmost incredulity. But finally, she became convinced that to wait for the critical period to pass would be to wait for certain death, and consented to be put upon a curative treatment at once.

Sulphate of quinine was given in six gr. doses every

two hours every morning—a solution of citrate of iron was ordered as a constant drink—opium and acetate of lead, which had been previously rejected time after time by the stomach, was now given with the very best effects, and in two weeks the amendment was so great that I discontinued my attendance. Every few months since, during the hot season, the hemorrhage is disposed to return, but a few doses of quinine quickly restores tone to the system and especially to the uterus. This lady lives immediately upon the east bank of the river.

Cases IV and V.—*Malarial palpitation of the heart.* Mrs. M., is of the leuco-phlegmatic temperament; is about thirty years of age; has been living for several years inside a large clearing, immediately upon the border of a switch cane marsh; and is visited every year by one or more spells of fever. For several months previous to each of these visitations her health declines, and she is troubled with fits of palpitation without any physical sign of disease of the heart. The paroxysms return with great regularity every 7th, 14th or 21st day, until she gets well from the attack of fever, when they disappear. I have been the family physician for more than two years, and have always found the malarial margin upon the tongue, and have in every instance succeeded in arresting the fits of palpitation by the use of quinine.

Mr. S., aged thirty years, came to live upon the borders of the river, as a planter, in February last; having spent much of his time, during the summer season at mountain watering-places, and his health might be said to be good up to the period of his removal. I saw him just before he moved, and requested a sight of his tongue; I found it in a healthy condition. In March just one month after, he was attacked with a severe fit of palpitation, which gradually passed off in perspiration. The third day subsequently he had, at the same hour, another attack and sent for me. The malarial border was now broad upon the tongue, and quinine arrested the disease.

Does not this case prove the generation and action of the specific poison during the winter and spring months?

CASE VI.—*Malarial Dysentery.* A family of previously healthy persons, eighteen in number, living upon the margin of a foul swamp, were nearly all attacked successively with acute dysentery in June 1850, and two of the stoutest of the white members died of that complaint. After these deaths I was called in, and finding the malarial margin well developed, although the tongue was fiery red and encrusted as in all such cases, I put them upon the use of quinine and all recovered in a short time.

CASE VII.—*Malarial Pneumonia.* A negro man, 22 years of age, living in one of our proverbially sickly places, was attacked violently with inflammation of the lungs on the 15th of March, 1851. I did not see him until next day; he was then easier, but the physical signs indicated a rapid progress in the disease, and it was with great difficulty that he could breathe. The tongue, although red and dry, had the malarial border upon it. He was bled freely, and cupped extensively over the seat of the inflammation, and, after that, blistered in the same region. Next day he grew worse—the next, better. Quinine, in fifteen grain doses, being now given, he rapidly recovered. Cases of this character were numerous last spring, but as one is enough to exhibit their nature and the course pursued in each, I will refrain from inserting in this place any others.

CASE VIII.—*Malarial Cerebro-Meningitis.* A bright mulatto girl, aged 15 years, a field hand, had had chills and fever repeatedly during the autumn and winter of 1850, and on the 31st of January last, in the midst of a severe spell of cold inclement weather, the disease returned, attended with symptoms of cold, and acute headache. I saw her the next day, and found the fever passing off in a free perspiration, all the symptoms being greatly relieved. The tongue was thickened, pointed,

and had the malarial border upon it; and as a mercurial had been given, I merely ordered rest in the horizontal posture, and quinine as in intermittent fever.

February 2d. Fever returned, without a chill, early this morning; pulse 150, small and feeble; conjunctiva and vagina discharging freely; mind confused; vigilant; head very painful; acutely sensible to light and sound; pupils strongly contracted; paralysis of the right arm and left leg, the surface of these parts being morbidly sensitive to the touch, or even to a current of air; bowels acting, the evacuations consisting of tar-like bilious matter; urine scant, involuntary, and strong in odor; restlessness and constant muttering.

Prescription—Venesection; cups to temples and nape; blisters to extremities.

℞. Ipecac. pulv., grs. iii, every 2 hours.

3d. Intermission perfect; paralysis disappeared; quite cheerful; hungry; and expresses desire to leave the bed. Sulphate of quinine in x grain doses every three hours during the day.

4th. Fever rose early, and runs very high; paralysis returned; all the symptoms aggravated. On inquiry I ascertained that quinine had been given every three hours, but the nurse thought a solution of that medicine in whisky was the best way it could be given, and that a tablespoonful of this preparation would weigh about ten grains, and accordingly administered it in that way.

Death on the 5th, in convulsions.

Necroscopy, twenty-two hours after death. — Dura mater dull and lead-like in color, adhered tenaciously to the subjacent tissues all along the superior edges of the hemispheres, from the anterior to the posterior of the cerebrum. In dissecting these adhesions four groups of tubercles lay imbedded in the adventitious membrane, each group having about fifty of these bodies, which, in

size and color, resembled the large white mustard seed, and were as firm as fibro-cartilage. Near each group, especially on the anterior lobes, there were several dots of milky-looking pus. The arachnoid and pia mater displayed everywhere a diffused scarlet blush, which was intersected in all directions by a vascular net-work of a crimson color. Two rays of recent lymph on each side of the anterior lobes, one and a half inches in length and two lines in width, shot out from the membranous attachment on the edges of the hemispheres, and were of a dull straw color, and confined to the sub-arachnoid cellular tissue. The cerebrum, cerebellum, annular protuberance, and medulla oblongata exhibited intense capillary engorgement, with red indellible punctuations in every imaginable direction, but no other lesions of any kind. Brain only examined.

Note.—At the close of the reading of this paper the members of the Society manifested very considerable interest in the peculiar appearance of the tongue spoken of, and on examination the writer was able to exhibit three specimens of it among the gentlemen present. The members then declared themselves satisfied of its existence.

June 23, 1851.

Art. III.—*A brief notice of the Treatment of Dysentery; the Honey Bee as a Diuretic; and Warm Water in Colic.* By Dr. M. H. Fee, of Heltonville, Indiana.

I herewith communicate to you a few facts, which you are at liberty to put to any use you please. If you think them of any value, you may give them publicity in your Journal, under the head of "Facts tested by experience."

The last summer was fruitful, with us, in acute dys-

entery, mostly of that form, known among the people, by the name of "gray flux," that is, mostly mucus mixed with blood constituting the alvine discharges. Condie's treatment of calomel, chalk, camphor, hyosciamus, and sugar of lead proved worse than useless; constantly increasing the tormina, drying the tongue, and increasing the soreness of the abdomen. Being left to my own resources, I struck out the following prescription, which was eminently successful, not failing in any case:

℞. Calomel, grs. v;
Camphor, grs. v;
Ipecac., grs. ii;
Dover's powder, grs. v;

every three hours till five doses were given.

The result of this treatment was free perspiration, nausea, emesis, and perfect relaxation of spasm and tormina; large, free, bilious stools; in short, convalescence was immediately established. I believe this prescription would scarcely fail to effect a cure once in a hundred cases.

The Honey Bee an Anti-Cantharidic and Diuretic.—Three or four years ago I saw it stated in your journal, by Dr. F. H. Gordon, of Tennessee, that an infusion of honey bees would generally relieve strangury from a blister in fifteen minutes. I resolved to try it the first opportunity. In a short time I had a chance for the trial of the virtues of the infusion, and was gratified to find it prompt. Fifteen minutes are generally sufficient for the display of its effects. I find that it is applicable still further. In those cases of urinary suspension from a too liberal use of opium, it cannot be too highly lauded. It is a bland diuretic, increasing the secretion of the kidneys, at the same time quieting too great excitability of those organs. It may be used with decided advantage

in lithiasis, attended by deposition of lithic acid crystals; as also in painful micturition from the terebinthinates.

℞. 60 honey bees;
Boiling water, 1 pint;

cover and draw 15 minutes; dose, one gill every 15 minutes.

The above prescriptions are for adults.

Warm Water in Colic.—The best remedy I have ever tried for spasmodic colic, and for that incessant disposition to vomit in fall congestive fevers, is warm water, taken in copious draughts every fifteen minutes till the stomach and bowels relax to their natural caliber, and the skin becomes moist.

March 11, 1851.

[*Note, by the Editors.*—It will be remarked how confidently Dr. Fee speaks of the powers of his prescription in dysentery. A medical friend has just informed us, that he has a combination which he regards as a *specific* in that disease; namely, sulphur ℥i, charcoal ℥ij; to be given every two or three hours. He assures us that quinine is not a more certain remedy for intermittent fever than he has found this formula to be in dysentery. Now, it is a circumstance to shake our confidence in these specifics that they have become so much multiplied. We do not, for a moment, question the correctness of the reports of our friends; but as to the efficacy of their prescriptions—will they stand the test of experience? Is it not possible that the cases of dysentery in which they proved so effectual were mild cases? At all events, it is not a little calculated to excite distrust in the value of treatment in any disease, that so many plans are extolled as sovereign, and soon again abandoned as ineffectual.]

REVIEWS.

Art. IV.—*On Diseases of Menstruation and Ovarian Inflammation, in connexion with Sterility, Pelvic Tumors, and Affections of the Womb.* By Edward John Tilt, M.D., Physician to the Farrington General Dispensary, and to the Paddington Free Dispensary for the Diseases of Women and Children. "Omne animal ab ovo." New York: Samuel S. & William Wood, 261 Pearl Street. 1851. 12mo. pp. 286.

We have here given the title of a work which proposes to do for the ovaria what the great work of Laennec did for the chest, and which strikes us as one of the most important that has been issued from the press in a long time. "Disordered menstruation"—how vague is the idea which this phrase conveys! Amenorrhea, dysmenorrhea, leucorrhea, hysteria—what is the conception formed by the physician, for the most part, of the pathological condition in which they have their origin? What purely empirical practice has obtained in such affections! Brandy-and-water, camphor, chloroform, hartshorn, valerian, asafetida, or tincture of guiacum, or of cantharides, internal or external stimulants—mere palliatives, or, at most, specifics. And how unsatisfactory such treatment has often proved, the experience of every practitioner painfully testifies.

But must it needs be so? May not the seat and nature of these affections be revealed, and having been ascertained, may not their treatment proceed upon sound

scientific principles? Take any one of them and see upon how many morbid states they may depend. Dysmenorrhea, for example, may indicate subacute ovaritis, ovarian peritonitis, effusion of the ovum and menstrual blood into the peritoneum, a neuralgic ovarian affection, an undersized womb, or deviations of that viscus, inflammation of its body, or of the inner surface, producing false membranes, stricture of the neck of the uterus, or its induration, ulceration or cancerous affections of the neck of the womb, besides some other diseased conditions enumerated by Dr. Tilt in the work before us. Now, suppose the practitioner sets about a cure before determining the cause of the affection? He may be successful, but there are many chances that he will not. What will his "emmenagogues" do towards the removal of ulceration or stricture of the neck of the womb? It is plain that we are feeling our way in the dark, until we have assured ourselves of the cause of the disorder.

The aim of the writer of this little volume is to give precise information on these subjects, concerning which it cannot be denied our notions have been far too vague. He is convinced "that there is no reason why the flower of woman's lifetime should remain blighted by intolerable misery, if those organs which stamp the physical character of woman were studied as minutely as the other organs of the body, and if the diseases of each particular portion of the organs of reproduction were investigated with adequate perseverance." He has not attempted to treat of all the organic lesions enumerated as causes of diseased menstruation, but has confined himself to the consideration of the organic diseases by which he believes them to be very frequently produced; namely, *inflmmation of the ovaries and oviducts.* To the fullest extent, he adopts the opinion of Neumann—that 'of all the organs of the human frame, none are so often

affected by disease as the ovaries," and that suppressed menstruation, a frequent cause of sterility, can generally be traced to disease of those organs.

He holds that amenorrhea, dysmenorrhea, menorrhagia and hysteria are often mere symptoms of subacute ovaritis," which he defines to be—

"Swelling of the ovaria, with increase of heat, and pain upon pressure, accompanied by intermittent or permanent pain or uneasiness in the ovarian region, radiating to the loins and thighs, and producing, acccording to the constitution of the patient, an arrest of menstruation, or its profuse flow, intense local pain, or hysterical symptoms."

The author first treats of the pathological anatomy of ovaritis, and then of its causes; we shall pass at once to the consideration of the latter, which are divided into predisposing and exciting. He says—

"The principal predisposing cause is to be found in the nature and function of the genital organs; for although in woman the ovary is, anatomically speaking, separated from the oviducts, excepting during the first few months of fœtal life, (Meckel and Rosenmuller,) still, in a physiological point of view, the generative intestine is *one* in woman, as it is, anatomically, in many of the lower animals: and whenever these organs are called into functional activity, they unite and become as one organ. Thus, during menstruation, and the orgasm of sexual intercourse, the Fallopian tubes obey an elective impulse, in virtue of which the fimbriated extremities embrace that particular part of the ovaries whence an ovule is to escape, so as to receive it, and the fluids by which it is accompanied,—a fact which has been repeatedly noticed in women dying during menstruation."

Again:

"The periodical congestion of the ovaries is an acknowledged fact, and was strikingly exhibited in a woman affected with hernia of the ovary, which was always observed to become larger immediately before the catamenia, and to diminish on their cessation, (Verdier,

Traité des Hernies 1840,) We may therefore admit, that if by any cause this state of congestion were carried to a greater degree than ordinary, or protracted beyond the usual time, general inflammation might attack the organ itself, having its source in the local irritation of which the ovaries are the seat at each menstrual period; and we find accordingly, that in many of the published cases of ovaritis the disease comes on at the time, and instead of the menstrual discharge. Among the predisposing causes, one of the first to be mentioned is, constitution. The disease may indeed occur in all constitutions, but does so more particularly in women who are nervous, irritable, hysterical, and of a scrofulous habit. Girls with long eyelashes, blue sclerotica, and irregular menstruation, have been found most frequently attacked with it, by Burns, Jepherson, Copland, Boivin, and Dugès; but, we have not been able to ascertain the truth of an observation made by Retzius, that women of a certain age, who have borne children and have not suckled, are often attacked with ovaritis. Let us suppose the phenomena of menstruation taking place in one of those delicate girls whose constitution we have indicated—who may perhaps, in her childhood, have been subject to mesenteric deposit, or tubercular peritonitis, not uncommon in children, followed by adhesions of the uterine appendages, and a swollen state of the ovaries; and let us point out what may be the result (in such cases) of the fulfilment of the ovarian function. The first establishment of the menstrual periods cannot take place without the chance of serious disorders, and its return is often attended by the painful symptoms hereafter to be described. Marriage gives an additional impulse to the morbidly disposed ovaries. If, by conception, the ovaries are placed in contact with their final stimulus, this may awaken in them a diseased action, which otherwise might have remained dormant for a time, or have completely disappeared. Abortion is not unfrequently brought on by the nervous ovarian impulse soliciting the expulsion of the fœtus; or the uterus may be bound down by adhesions, which preclude the possibility of its expansion. Should childbirth occur, with its attendant determination of fluids to the pelvic organs, how fatal to ovaries predisposed to disease may be this superabun-

dance of materials and vitality with which they are, for a time, entrusted!

Amongst the functional causes of sub-acute ovaritis, we have alluded to sexual intercourse. Let us consider its excess, or privation, or its intemperate exercise. The excessive use of this stimulus is not unfrequently a cause of sub-acute ovaritis in newly-married women, as the effect of the first impression of a novel stimulus, and its imprudent indulgence. But it is more especially the sequel of the culpable and inordinate exercise of intercourse, as seen in women in every respect unfortunate. Walter and Renaudin state, as the result of their experience, that the ovaries of prostitutes are seldom without some morbid lesions, and Dr. Oldham has lately confirmed their assertion by describing these lesions, which are those of ovaritis. The privation of sexual stimulus is no doubt a cause of certain forms of sub-acute ovaritis; whether we consider its absolute privation in healthy women, whose feelings and passions are strong, or its sudden denial to those accustomed to its indulgence, as in young widows, whom Hildenbrand considers to be often attacked with this complaint, or as in prostitutes when placed in confinement. In such cases the cerebro-spinal sympathies are called into active play, and hysteria masks its local cause. Marriage late in life is sometimes of itself a sufficient cause of sub-acute ovaritis. It seems as if the ovaria, having been debarred their proper stimulus when most needed, become so accustomed to the privation, that when the stimulus is at last presented to them it produces a morbid impression. Sub-acute ovaritis is also one of the pathological elements of that state truly described as the critical time in the life of a woman, and then, in most cases it reacts on the uterus so as to produce those sudden floodings which so often terminate menstruation. If this be not the case, the periodical congestion, which has lasted for so many years, does not at once subside; it still exists long after the menstrual flow has ceased; and as this ovarian congestion is not relieved by its accustomed discharge, the ovaries are liable to inflammation, if such a result be not carefully warded off by repeated purgatives and judicious bleeding, according to the practice, of our medical forefathers--a practice, perhaps, too much neglected in our own day. This crisis in female life is particu-

larly dangerous, both to those involuntary nuns of a society overstocked with women, who have impatiently borne the burden of their virginity, and also to those who have given themselves up to excesses of sexual indulgence. We cannot close the catalogue of predisposing causes without including certain influences, which we shall call moral causes, for want of a better name. They are not tangible, it is true, but they are too important to be overlooked. We allude to all those excitements which tend to exaggerate the impulse of unsatisfied desires—desires, which, though natural in themselves, have been pampered by bodily and mental inactivity, and unduly excited by thoughts, books, pictures, conversation, music, and the fascinations of social intercourse—burning desires, which cannot be quenched by their legitimate satisfaction—at least in our capitals, on account of the greater proportion of marriageable women than that of men."

Dr. Tilt has found the left ovary to be affected by inflammation more frequently than the right, in the proportion of 12 to 5. In ovarian dropsy, on the other hand, it is the right ovary that is generally diseased.

Among the causes of ovarian as well as uterine inflammation in women newly married, Roux has pointed out congenital shortness of the vagina.

The *exciting* causes of ovaritis are numerous, some of which are mechanical, as falls on the feet, knees, or sacrum, jolting on horseback, particularly immediately after menstruation, and violence done during parturition. The instruments sometimes necessarily used in delivery are an admitted cause, and any disproportion between the child's head and the pelvis of the mother, may be productive of the result. It is more likely to follow a first confinement, 25 out of 45 cases of pelvic tumors, reported by Mr. Bell, and 15 out of 32, reported by Mr. Taylor, having occurred in primiparæ.

Among another class of causes may be mentioned styptic injections, employed to stop flooding in the par-

turient woman, retention or suppression of the catamenia, metritis, the inflammation of the womb being transmitted to the ovary, ulceration of the cervix-uteri, and retroversion of the womb. Retention or suppression of the menses may be either the cause or one of the symptoms of ovaritis. Retention may be—

"First, congenital, as in those numerous cases where it is the result of occlusion by the hymeneal membrane, or of the uterine aperture. Second, it may be accidental, being produced by the blocking up of the passage of the vagina, resulting from parturition, or the pressure of tumors, (as in a case related by Dugès.) It may depend on the gluing together of the os uteri after parturition, or on the imprudent cauterization of its internal surface, and also on the inflammatory tumefaction or the spasmodic contraction of the cervix. The inflammatory tumefaction and spasmodic contraction of the os uteri are most frequently owing to cold applied internally, by taking ices, or a draught of cold water; or externally, by its sudden or prolonged impression on the feet and hands, or on the whole body, by the retaining of wet clothes; and the mode of action of this agent has been shown by the painful colics and prodromi of peritonitis which have sometimes immediately followed the introduction of a cold speculum. Venesection, drastic purgatives, and emetics (when given during menstruation or immediately before) have often been known to produce suppression, and so has sexual intercourse. Any general disturbance of the circulation, such as fevers with or without inflammation, produce the same effect; so may any violent perturbation, mental or moral, occasioned by sudden joy, grief, or anger. When these causes occur on the approach of menstruation, the suspension of the impending flow is followed by sub-acute ovaritis, accompanied by dysmenorrhœa, or hysterical symptoms. When, on the other hand, they operate during the menstrual flow, the sub-acute ovaritis they may produce is attended by engorgement of the uterus, which is accounted for by the active congestion of its tissues, and the retention of blood in its irritated cavity."

Retention or suppression of the menses has a twofold influence in the production of ovaritis;—"first, the retention of what was to have been excreted, and the consequent congestion of the organs which secrete the menstrual discharge; secondly, by the arrest of the ovarian discharge, and the subsequent oppression of the system by some reflected influence of a nervous kind."

The author continues—

"1. The mechanical effects of retention of the menstrual flow are, the repletion of the womb and the Fallopian tubes: the distension by, and necessary reaction of, the ovary and Fallopian tubes against a menstrual flow too abundant in quantity, and some times rendered noxious by its prolonged sojourn in the human body. It has even been proved that in some rare cases the distention of the Fallopian tubes is so great as to detach the fimbriated extremity from the ovarium, allowing a flow of blood into the peritonæum, and thus producing peritonitis.—*Archives Gen. de Med.* 1848.

2. The suppression of the menstrual flow also acts by the arrest of the ovarian nervous discharge which it involves, and the consequent oppression of the system by some reflex nervous influence. For how can we suppose that sudden death, in the midst of the most alarming symptoms of convulsions and delirium, could be solely produced by the retention of a few ounces of blood; or, if we could even admit such an explanation, what should we do under circumstances similar to those of authentic cases wherein the same symptoms have been brought on by the suspension of the *impending* menstrual flow?"

There can be no doubt, that inflammation of the uterus is a frequent cause of ovaritis, just as inflammation of the duodenum gives rise to hepatitis, or that of the urethra to inflammation of the testicle. Thus, in the case of a young lady mentioned by Dr. Tilt, there was enlargement of the ovary to triple its size, associated with ulceration of the cervix-uteri; and on the cure of the latter by cauterization with the red-hot iron, the

tumor disappeared. In another case, in which the two conditions existed together, Lisfranc amputated the neck of the womb, and six years afterwards the tumor had not increased. Such, indeed, is the influence of the cervix-uteri over the ovaria, that Dr. H. Bennet ascribes to ulcerations of this part the power of inducing every variety of diseased menstruation.

The next chapter treats of the symptoms of subacute ovaritis.

"The patient experiences a dull pain in the ovarian region, often imperceptible when she is in a state of repose, but brought on by walking, riding, by any sudden movement, or even by pressure on the side. The pain is also increased by the act of straightening the thigh upon the pelvis, as in the erect posture, by which the integuments are put upon the stretch, and pressure is thus exerted over the part. Some patients are unable to maintain the erect posture without resting the foot of the side affected on a stool, so as to keep the thigh more or less bent upon the pelvis, whereby the integuments, &c. are relaxed. Radiating from the ovarian region, the pains are felt across the loins; they descend towards the thighs and fundament, and are of a dull, dragging, heavy, and sometimes of an overwhelming nature. They are distinguished by the patient from other pains resembling colic, and which depend on uterine contractions, although both species of pain may be experienced at the same time; they are likewise to be distinguished from those *superficial* pains which are caused by reflex nervous action, and which so frequently accompany every species of disorder of the organs of generation. They are, however, seldom so acute as to induce the patient to seek for advice. She may submit to them for years, but should she find them so wearisome to mind and body as to be led to seek advice upon her case, she is frequently treated for uterine disease. This is owing to the opinion, adopted by Hippocrates, and still too implicitly believed, that the uterus is the principal organ of the generative system, and that to the morbid condition of this organ are to be attributed almost all the sufferings of a woman. Should the patient

be married, connexion awakens and renders more or less acute the pains we have described. Ocular inspection, and an attentive manual examination, however, will, in some instances, prove that it is not painful when touched, nor does it present much appearance of disease. In sub-acute ovaritis, the hands placed on the iliac regions can sometimes detect an increase of heat; but these symptoms of ovarian inflammation are overlooked, or attributed to disease of the womb, inflammation of its neck, or to that scape-goat of uterine pathology, only known in England, and called irritable uterus—a disease regarded as neuralgia by some, as a form of dysmenorrhœa by others, and which, having the same symptoms as sub acute ovaritis, we suppose sometimes to be one of the legionic names of that disease. The late Dr. Ingleby noticed that the descent of the ovaries on the vagina produced in one of his patients all the symptoms of the disease called irritable uterus."

After enumerating the *common symptoms* of subacute ovaritis, the author goes on to consider the affection under several types, as the amenorrheal, dysmenorrheal, menorrhagic, and hysterical. We quote what is said under the second head:—

"The frequent dependence of painful menstruation on sub-acute ovaritis has been generally recognized, and is now admitted by Drs. Oldham, Rigby, Ashwell, Coley, and others too numerous to recount.

In addition to the symptoms before described, the intensity of the pain becomes most distressing, and it frequently commences several days before the impeded menstrual flow, showing that the pain does not depend on its arrest, but on the effect of ovulation supervening upon a morbid process going on in the ovaries. This assertion is confirmed by Dr. Ashwell, who says, 'Dull and heavy pains in the region of the ovaries, lasting for months, are the consequence of their chronic (sub-acute) inflammation. I mention the circumstance, because they are too often regarded as neuralgic, and treated accordingly, painful menstruation and sterility being their results. If

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any constitution is more liable than another to this termination, it is also the lymphatic, or that which coincides with a marked predisposition to scrofula.'

The action of sub-acute ovaritis in the production of dysmenorrhœa is twofold.

1. Sub-acute ovaritis may of itself produce dysmenorrhœa, as a simple result of the process of mordid ovulation, and not by the agency of any appreciable inflammation of the womb, or of its neck, and without any appearance of false membrane in the catamenia. This is what we have seen, and believe to be frequent.

2. Ovaritis, as Dr. Oldham has well shown, often causes dysmenorrhœa by determining hypertrophy of the uterus, inflammation of its neck, and a diptheritic exudation from its mucous surface. We know that the ovaries, in virtue of their governing influence over the uterus, induce periodically a state of vascular turgescence in the walls of this organ; and it is not surprizing to find that ovaritis frequently induces the exaggeration of this physiological state, or the inflammation of the inner surface of the womb and of its neck; thereby transforming the thin, transparent mucous membrane of the womb in a thick, soft cribriform membrane, and producing the retention or painful excretion of the catamenia, which are mingled with pseudo-decidual membranes.

We cannot refrain from giving a passage from Dr. Oldham's interesting observations:—

"The uterine decidua is formed under the influence of an action going on in the ovary, so the membranous dysmenorrhœa is not primarily an affection of the womb, but of the ovary. In healthy menstruation the congestion of the ovary the engorgement of the womb, the opening of the veins on the surface of the cavity of the womb, and the flux of blood, are all in harmony, the latter being, so to speak, the resolution of the former. But when the ovaries are unduly excited, as, for instance, from the prevalence of one or more of the numerous ways in which sexual feelings may influence them, then the uterine glands sympathetically enlarge, the lining membrane of the womb becomes raised and the body of the womb swells out. This change in the mucous membrane goes on during the interval between the monthly periods, and when the flow begins, the new formation is cast off, and the

uterus, in the act of detaching and expelling it, becomes the seat of very painful contractions."

The actual presence of ovaritis is to be ascertained by an abdominal examination, and exploration per vaginam and per rectum, the success of which will depend upon the skill with which the practitioner conducts them. A great obstacle in the way of the latter is the insuperable repugnance of most females in our country to such manipulations, which, in fact, is likely to limit the investigation, as a general rule, to the first procedure.

In the fourth chapter, the author discusses the terminations of subacute ovaritis. The most interesting of these is *sterility*, which the inflammation may produce, "1, by accelerating the shedding of imperfectly developed ova; 2, by the retention of blighted ova; 3, by impeding their transmission from the ovaries to the uterus." The following observations on this point are of so much practical importance that we copy them at length:

1. We are sometimes consulted by delicate females lately married, who present all the *common* symptoms of sub-acute ovaritis, but in whom menstruation returns every three weeks, or even every fortnight; cases of what may be called *remittent* menstruation, wherein the recovery from one menstrual epoch is almost immediately followed by the recommencement of the same process. In such cases, the excitation of ovulation exceeds the limits of the physiological type, and the ovule is shed before it has acquired its full maturity. In other words, the ovule perishes by *ovarian* abortion in the beginning of its intended career, in the same way that it might perish, at a later period of its existence, by *uterine* abortion—an extension of the word abortion warranted by the similarity of the phenomena in both cases. We have thus ascribed a due importance and a precise signification to those lesions of the parietes of the vesicles which merely expedite the exit of the immature ovule from its ovarian

utricle. But we are the first to admit that our explanation of the facts alluded to rest entirely on the truth of a relation of cause and effect between ovulation and menstruation—a relation which, however probable, has not yet been completely traced.

2. The blighting of the ova while they are still contained in the Graaffian follicle cannot be denied. That De Graaff has not failed to point out this possible fate of the human germ, its disease, adhesion, and absorption, in the midst of the inflammatory action, will be readily admitted, and a positive proof may be seen. (*Med. Chirur. Trans.*, t. vi.) Dr. Edward Stanlen, on opening the body of a woman who committed suicide, found the left ovary voluminous, and on one of its sides a small elevation; in this elevation, but *under the ovarian peritonæum*, was a minute cyst, containing an ovum about the size of a cherry-stone—it adhered to the cyst in two-thirds of its circumference, and was distinctly formed of the chorion and amnion, but offered no trace of a fœtus. A more common cause of sterility is to be found in the frequent inflammation of that portion of the peritonæum which covers the organs of procreation. This frequency has not been overlooked by Dr. Robert Lee. The adhesions, he observes, between the ovarian and the Fallopian tubes, which are so frequently met with in examining the bodies of women of different ages and conditions, prove that slight attacks of inflammation of the peritonæal coat of the ovaria are not of rare occurrence, and that their presence is seldom discovered during life. Dr. Carswell also bears witness to the frequency of these incontestable proofs of inflammation in the same region :—

"The adhesion which form between the uterus, Fallopian tubes, and ovaries, and the surrounding parts, are much more productive of serious effects than in any other region of the body; and in order to give additional importance to the study of them, I may observe that they are a not unfrequent, and certainly one of the most obvious causes of sterility. They produce, according to their situation and mode of attachment, either anteversion or retroversion of the uterus; they fix the Fallopian tubes in situations in which the fimbriated extremities cannot reach the ovaris, or they envelop the fimbriated extremities

in such a manner as to render them quite impervious, (which is always the cause of dropsy of these tubes,) or lastly, they cover the ovaries so completely that impregnation is rendered impossible."

We therefore conclude that, in many cases, dysmenorrhœa is another name for ovarian peritonitis, and that sterility is often the result of the thickening of the peritonæum, of its being clothed with false membranes, and also of the destruction of the fimbria. And we believe with our friend Dr. Mercier, (who has lately published an interesting memoir on the subject,) that this inflammation occurs oftener than is generally supposed, and is transmitted by continuity from the womb by the Fallopian tubes; thereby explaining the frequency of sterility in prostitutes, amongst whom Parent--Duchâtelet says, scarcely six accouchments per thousand take place in the course of the year, (tom. i. p. 230.) We must also observe, that many women are sterile from this cause, although they are not considered to be so because they have previously borne children. Professor Richerand has remarked, that generally young women who complain of sterility have suffered from previous attacks of "inflammation of the bowels."

3. It is generally admitted that, without being permanently obliterated, the Fallopian tubes may be blocked up by mucus; and, lately, Drs. Fleetwood, Churchill, Copland, Hamilton, and others, have admitted the fact. And it is evident that such an obstruction must impede as well the descent of the ovum, as it does the ascent of the seminal fluid. Whether or not this condition furnishes any direct therapeutical consideration we shall leave for future investigation, and proceed to inquire whether subacute ovaritis produces disease of the womb, and by what means."

Another termination is inflammation of the uterus, the reality of which has been established by the observations of several able authors.

In the next chapter, the *treatment* is given, and as that which Dr. Tilt has found successful is well exem-

plified by his first case cited under this head, we present it in detail:—

"*Sub-acute ovaritis producing sterility; cure followed by pregnancy.* When practising in Paris, in 1844, we were consulted by a gentleman, about thirty years of age, presenting every appearance of good health, who told us that his wife was in her twentyfourth year, that at the age of fifteen she menstruated for the first time, but that this function had always been accompanied by pain, and was frequently irregular in the time of its appearance. He had been married five years, and since then the menstrual discharge had been more regular, but accompanied by a great increase of pain. She was seldom subject to leucorrhœa, but sexual indulgence was sometimes painful. For the last year, various means of medical relief had been tried; but with so little success, that her husband said he was not induced to consult us for his wife in the hope of our being able to relieve her monthly suffering, but to inquire if there were any remedy for sterility. The lady presented all the appearance of a lymphatic constitution; she looked delicate but was apparently in tolerable health; she did not expect to be unwell for the next fortnight, and she was not then in pain; but on rapidly depressing the ovarion regions with the united tips of the fingers, we produced a pain similar to that she experienced when menstruating. On examining by vagina, we received an indistinct perception of a small tumor, which we took for the right ovary; but on making a rectal examination, we distinctly felt both ovaries, each being swolen to about two inches in the long diameter. They were painful on pressure. Having ascertained the tumefied state of the ovaria, and their tenderness on pressure, and bearing in mind the previous history of the patient, we considered them sub-acutely inflamed. We determined, however, to do nothing previously to the next monthly period, so that we might judge of the nature of her sufferings, and afterwards have full three weeks to alleviate them. A few days after, she was suffering from all the symptoms of dysmenorrhœa; the pain, on pressing the ovarian regions, was greater; and, on examining through the rectum, the ovaria were found still larger and more pain-

ful. When the period was over, we began the treatment, by applying eight leeches over each ovarian region; the leech-bites being healed, we applied over the same region a blister, five inches in length; the cuticle was not removed, and three days after, when the skin was healed, we ordered the same region to be carefully rubbed for ten minutes, morning and night, with a portion, about the size of a walnut, of the following ointment: ung. hydrag. ℥j, ext. belladonnæ ℥j, ext. hyoscyami ℥j, camph. (solut. in spirit.) gr. x; the abdomen to be afterwards covered with flannel, without removing the ointment. We also prescribed enemata of aquæ camp, ℥ xv, aquæ lauri cerasi, ℥vi; sometimes adding tinct. hyoscyami, ℥iii. A third of this quantity was injected into the rectum three times a-day, the chill having been first taken off, so that it might be as much as possible, if not entirely retained. Due attention was paid to the regularity of the bowels; mercury being avoided, and saline purgatives preferred. For the first few days, until the blistered surfaces were healed, the patient left her bed only to recline on the sofa; afterward she was allowed to take exercise as usual, and her strength was kept up by a genorous diet. Abstinence from the nuptial bed was strictly enjoined. On examining by the rectum a few days before the expected time, we found the ovaria diminished in size, but still painful to the touch. The next menstrual period was accompanied by the usual dysmenorrhœal symptoms; but the patient said that she had suffered less than she had ever done since her marriage. When menstruation had ceased, we subjected her to exactly the same treatment, and her sufferings were again diminished during the ensuing menstruation. She submitted to the same course a third time; and on exploration, we found that the ovaries had resumed their usual size, and that pressure was not accompanied by pain. The third menstruation since the beginning of the treatment was attended by little pain. We discontinued the leeches, blister, and ointment, but advised the regular continuation of the enemata. We permitted cohabitation, at the same time recommending moderation to her husband. Four months after this, our patient was pregnant, and in due time was delivered of a fine boy."

This case comprises all that it is necessary to say on the subject of treatment, except that the affection is often most obstinate, and must be attacked for months after each menstrual period by some such remedies as are above pointed out.

We have not room to give any account of the other part of this work, which treats of acute ovaritis, but what has been shown is sufficient, we think, to direct the attention of our readers seriously to the subject. It may be that the author over-estimates the frequency and influence of these affections, but that we have needed light in reference to them every practitioner will admit. Dr. Tilt is unquestionably in the right path, and the prosecution of his researches must lead to valuable results. Our conviction is that he has already arrived at useful conclusions, and that his work is an important contribution to our knowledge concerning a most interesting class of maladies. Y.

ART. V.—*Operative Surgery.* By FREDERIC C. SKEY, F.R.S. Philadelphia: Blanchard & Lea. 1851.

Mr. Skey has performed a highly acceptable service to the medical profession, by the publication of this admirable work. The author never attempts anything like extravagance in surgical art. His whole effort seems to be directed to the perfection of curative surgery, in order to leave as little for operative surgery to do as possible. We admire the tone of the following remarks, which we quote from Mr. Skey's preface:

"There is no department of medical practice more attractive to the younger members of our profession than that of operative surgery. Its brilliancy, its eclat, its

critical influence on disease, all contribute to this popularity, and attach an interest to it in the minds of the student of medicine far beyond that connected with the study of any other department. The value of a hospital is appreciated by the number of its operations, not by the exhibition of the curative power of its surgical staff, and still less by the success which follows the frequent resort to the knife. The operating theater is a place of weekly resort, the 'high change' of the institution, at which we find united the largest assemblage of professors, of students, and their friends. Is not this enthusiasm somewhat misapplied? Between the claims to respect of curative and operative surgery, there is no comparison. I venture to say, with all respect to my many superiors in surgical acquirement, that it is the duty of the teacher to expatiate with all the power of his authority on the superiority of the one over the other.

"There is no greater obstacle to the advance of high classed surgery, than the man who, having acquired the reputation of a dextrous operator, regards the world as the great field of his experiments. A man who has the reputation of a 'splendid operator' is ever a just object of suspicion; and I firmly believe that the bad operator, conscious of his own weakness, will be found to have ever been the larger contributor to scientific surgical knowledge.

"There is a position which operative surgery is entitled to hold in our esteem, and which, so long as it does not clash with, nor interrupt the studious and persevering effort of the surgeon to render its aid necessary, must ever rank among the most valuable deparments of scientific medicine."

In another place Mr. Skey says: "I am old enough in my profession to have witnessed in past times much

of wrong; I hope to live long enough to see this wrong converted into right. I have endeavored, as an English metropolitan surgeon, to carry into execution at least one primary object, viz: to strip the science of operative surgery of a false glare, mistaken by the ignorant for the brightness of real excellence, to check a spirit of reckless experiment, and to repress rather than encourage the resort to the knife as a remedial agent."

These are surgical sentiments that we admire, and we should be glad to see them sedulously cultivated. They are forcibly impressed by Mr. Skey in the various departments of his excellent work.

The first and second chapters of this work are devoted to what is usually denominated minor surgery, and are replete with valuable instruction.

The fifth chapter treats of the Bandage, and we are gratified in finding the opinions we advocated in a former volume of this Journal, abundantly and ably sustained by the high authority of Mr. Skey. On the subject of the bandage Mr. Skey says: "In no department of surgery is the improvement, which has of late years taken place, more strikingly exemplified than in this; and it is a fact well worthy of observation, that as we advance in scientific knowledge, so have elaborate and complicated contrivances gradually yielded to the simple bandage, now almost exclusively employed. This application, properly made, answers, with some few exceptions, every useful purpose, although skill and ingenuity may occasionally be required to meet the demands of individual cases.

"Bandages are applied for various surgical purposes, viz: to protect a diseased part from injury—to confine dressings, etc., in their situation—to restrain movement —to assist union where a solution of continuity has occurred—to support parts in a state of debility—to re-

strain hemorrhage by compression—to oppose certain displacements of the viscera, and to prevent or rectify deformity, by holding the dislocated parts in a natural relation to each other."

"Skill in the application of a bandage is not to be acquired by any description; it can only be obtained by frequent practice; and I would earnestly advise every student to lose no opportunity of becoming a thorough proficient in this department of his profession. It is a subject which, in relation to its importance, is neglected, I believe, beyond all others. A bandage is not successfully applied with the facility imagined by those unpracticed in the resort to it. Many surgeons, who can perform a capital operation, not without eclat, find great difficulty in the application of a simple bandage, and execute this really important part of their duty most imperfectly. Such an exhibition presents a warning and a useful lesson to all around. *There is no excuse for the neglect of this subsidiary art; the opportunities for practice are always abundant; there is every motive for the acquisition of skill, and its possession is a duty we are all liable to be called upon constantly to exhibit.*"

The chapter on Fractures is one of the very best on the subject that we have seen, although we do not approve the treatment in all respects. But there is much valuable instruction in this section, by which a surgeon who understands the correct treatment, may profit. These fracture cases are the sources of many of the suits for malpractice, a custom which is increasing rapidly, and which can only be arrested by a general elevation of the medical profession. The most skilful and competent are as liable to these suits as those who have scarcely a qualification for practice. But when the profession of medicine is a unit, and its members feel and show that he who is unworthy shall not disgrace their ranks, we

may expect the profession, as a body, to speak authoritatively to courts of justice.

We have read Mr. Skey's remarks on aneurisms, varicose veins, amputations, excisions or resections, hernia, lithotomy and lithotrity, on the removal of cicatrices, and auplastic operations, on the Cæsarean section, and ovariotomy, and on operations upon the eye, with a great deal of satisfaction. Mr. Skey has done ample justice to most of the points involved in these subjects.

The chapter upon Lithotomy and Lithotrity contains a mass of interesting and valuable information, but we cannot agree with the author's views of the relative value of lithotomy and lithotrity. Nor do we believe that Mr. Skey himself would entertain these views if he were in full possession of complete statistics on lithotomy and lithotrity, and the processes by which Mr. Skey reaches his conclusions show how important statistical knowledge is in making up opinions. Mr. Skey nowhere refers to the invaluable contributions made to the statistics of lithotomy by Professor B. W. Dudley, of Kentucky, and any comparison between lithotomy and lithotrity in their results, that omits that contribution, must necessarily do injustice to lithotomy, and to surgical science. The unparallelled success of Prof. Dudley may be equalled by the use of the same skill, judgment, care, and prudence that conduced to his remarkable achievements. But we shall not dwell on this subject at present, as we shall shortly review the questions involved, in another field. We hold that surgical and medical practitioners cannot be too particular in their statements of scientific truths, because each item forms a portion of statistical knowledge that is to guide the future surgeon and physician, and for this reason, we recently called the attention of medical readers to the marvellous case of lithotrity reported by Professor Dugas.

of Georgia. It is the most extraordinary case on record, neither Heurteloup, Civiale, nor any other lithotritist having recorded an achievement comparable to what Professor Dugas claims. We republished the paper of Professor Dugas in this Journal, and stated some of our difficulties in fully receiving all the statements made by the Professor. We were as respectful as possible, yet we understand that Dr. Ford, of Georgia, has made a bitter and offensive reply to our comments. We have not yet received the Georgia Journal, but as soon as we do so, we shall make a rigid examination of the extraordinary case. For the information of Dr. Ford, we must say that we have conversed with a number of lithotomists on Professor Dugas' case, and we have seen no one who did not take the same view of it that we did. But when we get to see Dr. Ford's response, we shall endeavor to elaborate our views upon lithotomy and lithotrity. We are full of faith in the superior merits of lithotomy, probably because we have seen its splendid triumphs for thirty years, in the hands of its greatest master, and we shall endeavor to show the grounds of our faith.

We take great pleasure in commending Mr. Skey's Operative Surgery to the favor of medical readers. A careful study of its chapters will prove to be its highest recommendation. As a guide in curative, as well as in operative surgery, we consider that the work has very high claims upon the attention of practitioners.

The mechanical and artistical departments of the work are highly creditable to Messrs. Blanchard & Lea. The typography is very beautiful, and the wood engravings are all that can be desired. B.

Art. VI. — *The Dissector; or, Practical Surgical Anatomy.* By Erasmus Wilson, author of a "System of Human Anatomy." With one hundred and fifteen illustrations. Edited by Paul B. Goddard, M.D. A new and improved edition. Philadelphia: Blanchard & Lea. 1851.

This work is supposed to be especially useful to students, as it undoubtedly is, but it has higher claims to professional respect and favor. In addition to its many good qualities as a mere dissecting assistant, its department of surgical anatomy is very full and complete, and must prove an excellent aid to the physician who may be called, in a sudden emergency, to perform a critical surgical operation.

The wood cuts of this volume are among the very best that we have seen in an American work, and the volume is highly creditable both to editor and publishers. B.

Art. VII.—*A Treatise on Dislocations and Fractures of the Joints.* By Sir Astley Cooper, Bart., F. R. S. A new edition, much enlarged. Edited by Bransby B. Cooper, F.R.S., Surgeon to Guy's Hospital. With additional observations, and a memoir of the author. A new American edition. Philadelphia: Blanchard & Lea. 1851.

It is questionable whether any treatise on a surgical speciality ever conferred the same amount of benefit on mankind, that has been derived from this. The original was a work of sterling merit, but each successive edition was an improvement upon its predecessor, for in addition to the new contributions from Sir Astley's constantly enlarging experience, the intelligent practitioners,

he sent out prepared for practice, greatly enlarged his field of information by the results of their practice. Even up to the time of his death, Sir Astley was engaged in perfecting his work, and his papers were left with his nephew, Bransby B. Cooper, to be incorporated in a new edition, and the American edition, before us, is based upon the most recent and best of the English editions, and contains some valuable contributions from Professor John C. Warren.

The surgery of dislocations and fractures of the joints can never be too thoroughly studied. In this country, the general practitioner is expected to be ready, at all times, to take hold of these cases, and to treat them properly. Their correct management, requires a great variety of knowledge, which must be at immediate command. A single error may endanger the life of the patient, and even if the major evil may not occur, there may be a deformity that stands as a monument of bad surgery, and a crippled gait that unfits the patient for the business of life. These evils were more frequent before the publication of Sir Astley's work than since that time, and a careful and thorough mastery of its principles by all practitioners, will tend to diminish the evils of bad surgery in dislocations and fractures of the joints.

It is one of the offices of the medical periodicals to keep alive all the great elements that conduce to the success of the healing art, and it is better to reiterate old and valuable truths, than to adventure upon the sea of conjecture, in the utterance of novelties. The great charm of Sir Astley Cooper's works on surgery, is their eminently practical character. No man ever devoted himself more faithfully than Sir Astley to the improvement of the various departments of surgery, and no one has met with greater success. Neither the incessant calls upon his professional services, nor his severe du-

ties as a public instructor, was sufficient to interfere with his career as an author. His works on hernia, on the female breast, on the testes, and the book before us are monuments of his industry and ardent love of his profession, beyond all that marble or brass could speak.

The American edition of this work, recently published, is not only enriched with numerous additions prepared by Sir Astley, but by contributions from the experience of Dr. J. C. Warren, of Boston. The observations of Dr. Warren are on dislocations of the hip joint, and on fractures of the upper part of the thigh bone. They are very instructive.

The typography of this work is excellent, and the wood engravings are clear and forcible illustrations of portions of the text. We commend the American edition to the favor of the medical profession. B.

ART. VIII.—*On the Theory and Practice of Midwifery.* By FLEETWOOD CHURCHILL, M.D., M.R.I.A., etc. With notes and additions, by D. FRANCIS CONDIE, M.D., Secretary of the College of Physicians, etc., etc. With one hundred and thirty-nine illustrations. A new American, from the last improved Dublin edition. Philadelphia: Blanchard & Lea. 1851.

In noticing a former edition of this work, we placed it among the very best works in the hands of the profession, on the theory and practice of midwifery. Additional observation has confirmed and strengthened our previous convictions. But if the former editions were valuable, the present edition has enlarged its claims to professional favor, for in addition to new contributions from the experience of Dr. Churchill, the American editor, Dr. Condie, has made about seventy notes, the most of which are of great utility and value.

We do not deem it necessary to dwell upon the merits of Dr. Churchill, as a writer on obstetrics, for his fame has extended far beyond any circle of influence we can expect to reach. The *London Medical Gazette* of a recent date, compared this work with that of Professor Miller, of the Louisville University, and placed them in the first rank as obstetrical works. It is gratifying to see the reciprocal feelings of kindness and courtesy that are springing up between the medical minds of England and the United States. The science of medicine is a glorious unit, and its assiduous cultivators should endeavor, upon all occasions, to promote good will and good fellowship among its members. Paltry bickerings and intemperate conduct among those who are looked upon as exponents of scientific truths, are calculated to aid the quack and the charlatan, thus doing injury to the profession and to society. The examples furnished in the treatment of Dr. Churchill's works in this country, and of Professor Miller's book on Human Parturition, in England, are cheering signs of a brighter dawn, and we earnestly hope that this same light will spread until every dark spot in the profession shall be enlightened with its refulgent beams.

This volume is admirably executed in its mechanical department, and we advise such of our readers as wish to purchase obstetrical works of value, to secure Condie's edition of Churchill for their library. B.

Art. IX.—*Urinary Deposits;* their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M., M.D., F.R.S., F.L.S., etc., etc. Second American, from the third revised and enlarged London edition. Philadelphia: Blanchard & Lea. 1851.

This able and thorough work on urinary deposits should be well studied by all who attempt to teach or

practice medicine. Its developments are of the greatest importance in the treatment of a large variety of diseases, and the more intimate the acquaintance, possessed by the physician, of the morbid changes of the organs concerned in the urinary function, the greater will be his power over the diseases dependent on these changes. There are few physicians who have much to do with disease, who will not find the knowledge we have indicated a matter of daily concern, and of the highest importance. The experiments of M. Bernard, of which we recently published an account, show how useful we may make therapeutic means, by a proper understanding of them, but there can be no secure basis for therapeutic agents, that is not founded upon an accurate acquaintance with the pathological conditions of the urine. In order to obtain an introduction to the investigations that will conduct to this knowledge, and to this usefulness, we commend to the physician a diligent study of Dr. Golding Bird's work on urinary deposits, and then with chemical manipulations and microscopic observations, he may prepare himself for relieving many diseases that are altogether obscure, without the means of analysis we have indicated.

In the preface to the third edition Dr. Bird says: "Anxious not to increase its bulk, I have rewritten rather than added; and in offering this edition to the notice of my profe-sional brethren, it is my earnest desire that it may be found more worthy of the favor and patronage they have so generally accorded to the two previous impressions."

A large number of wood engravings illustrate the various forms of morbid products of the urine, and they will be found of great utility to those who may engage in microscopic examinations.

These various works may be found at the bookstore of Messrs. Beckwith & Morton. B.

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

Chloroform.—In the Transactions of the New York Academy of Medicine, recently published, we find an excellent paper on Chloroform, by Dr. J. T. Metcalfe, from which we make the following quotations:

With a view to ascertain with how much safety we may venture to administer chloroform, such as we find it in the shops, I have obtained about twenty specimens from different apothecaries, and have tested them; first, by the color, secondly, by the odor, thirdly; by the specific gravity, fourthly, by reaction on litmus paper, fifthly, by agitation with chemically pure sulphuric acid. As a general rule, the specimens examined have been colorless. In one or two, however, a slight tinge of yellow has been noticed. This chloroform has possessed a strong unpleasant odor, and has excited irritation of the air passages, headache, and nausea, when inhaled. I should consider its use as highly dangerous. When kept in glass stoppered bottles, this liquid deposits around the stopper a yellowish, disagreeable pungent substance, of the consistence of oil—perhaps some of the chlorinated oils of Soubeiran and Mialhe. In the sample presented, the specific gravity is high—reaching 1492. On allowing it to drop on a sheet of litmus paper, a deep red mark is

left after avaporation, giving evidence of a considerable quantity of free acid. On agitation with one-third its volume of pure sulphuric acid, a faint discoloration of the latter is observable, due to the carbonization of some of the foreign bodies in the chloroform.

In another specimen, possessing the disagreeable odor mentioned, in which the specific gravity was also above 1490, prolonged contact with chemically pure oil of vitriol produced only the faintest shade of darkening. This chloroform, however, gave an acid reaction with litmus paper; and after standing for some time, stained the cork of the phial a brownish yellow color.

At the suggestion of Professor Wolcott Gibbs, of the Free Academy, a specimen offering these characters was treated with the peroxide of lead. By this the disagreeable smell, previously existing, was completly removed. It was attributed by Prof. Gibbs to the presence of sulphurous acid, probably mixed with some of the chlorinated oils of Soubeiran, or with the vapor of chloroform itself.*

It has been stated, as a general rule, that the specific gravity of chloroform may be taken as a test of its purity. This was lately mentioned to me by the clerk of one of our best apothecaries, as a proof of the excellent quality of the article he had sold me. The facts above stated, as well as Professor Gregory's tables, go to prove the error of this belief, and should admonish us to be careful in examining all specimens of the drug before giving it by inhalation.

The great majority of the samples examined were from the manufactory of Farr, Power, and Weightman of Philadelphia, and in almost every instance, were found to be very nearly pure. The specific gravity of no specimen examined was so high as 1500, nor was there any below 1484. This, in the early history of chloroform, was considered to indicate a very fair quality of the article.

With reference to the odor of such chloroform as came under my observation, it was rare to meet with any in

* For the benefit of those who may wish to test the purity of chloroform, after Gregory's process, I would state, that in order to do so satisfactorily, it is necessary to have *chemically pure* sulphuric acid. This is perfectly colorless, and enables us by a faint brown tinge, to ...ct a very small amount of foreign bodies.

which the fragrant, peculiarly pleasant smell of the pure liquid existed. It would be impossible in words to explain in what the difference consisted, but I have practically found it an easy matter to tell by the "bouquet," whether any of those substances were present which have appeared to cause headache or bronchial irritation. By comparing the two specimens marked I and G the difference will be readily appreciated, the latter being perfectly pure chloroform, rendered such by the process of Gregory. The former was presented me by a gentleman who had attempted its use in a surgical operation, It caused such violent laryngeal irritation, however, as to oblige him immediately to desist from its use.

This sample is similar in odor and other respects to another specimen obtained from a dentist who seemed to consider it of good quality. His assistant has since informed me that the whole bottle had been returned to the apothecary from whom it had been purchased, on account of its having nearly strangled a lady, to whom it had been administered for the extraction of a tooth.

Another method of testing the purity of chloroform, by the sense of smell, consists in allowing a little to evaporate from a handkerchief. When the impurities alluded to exist, they are rendered more strikingly manifest by the odor remaining after evaporation.*

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* Since writing the above, I have seen a communication from Dr. Christison to the editor of the Monthly Journal of the Medical Sciences, in which he speaks of the chloroform purified by chemists, according to Prof. Gregory's process, as having undergone decomposition after having been kept for some weeks. One specimen, however, thus prepared by Prof. G. had remained unaltered for six months.

I have proved that *prolonged* contact with concentrated sulphuric acid may effect decomposition; but if only sufficient agitation and admixture be employed to get rid of the carbonizable foreign matter, I feel confident that subsequent decomposition would not occur.

I would refer for proof of what I have stated to the specimen marked G, purified, as above described, more than five weeks ago. It is perfectly pure, and has been used several times lately by myself, always with the most satisfactory results.

We shall probably soon learn from the Edinburgh professor of chemistry, the cause of the difficulty complained of, and the manner in which it may be obviated.

Precautions necessary in Administration.—In the exhibition of anæsthetics for surgical operations, I consider it in the highest degree essential, that the operator should select some one whose duty it should be to give his *undivided attention* to the action of the vapor, and thus by carefully observing the approach of any unpleasant symptoms, to take such measures as might be necessary to obviate them.

It gives full employment to one person to attend to the proper amount of vapor administered, the state of the respiration, of the pulse, and the general condition of the patient. No one who may be led to watch closely the steps of the operation, is proper to manage the anæsthetic apparatus. I feel confident, that several unfortunate results have been due to a neglect of this precaution.

Having attended to the purity of the article, the first step should be to ascertain, as nearly as possible, the condition of the viscera. I should more especially direct attention to the state of the heart, as regards valvular disease, or the probable existence of fatty degeneration. In my own mind, the death of Mr. Badger, in England, was clearly attributable to the ease with which paralysis of the heart, due to this pathological condition, was effected. Fatty degeneration of the heart has also been recorded, in the post-mortem examination of several other fatal cases.

The existence of pulmonary emphysema, or of tubercles unless in a very advanced stage, I should not consider to contra-indicate the use of ether or chloroform. I have administered the latter with the happiest effects to patients laboring under these diseases; and in the case of emphysema, it has rather seemed to increase than diminish the facility with which respiration was carried on. To epileptic patients requiring a surgical operation, the same remarks would apply. I have never yet exhibited it to one, preparatory to the use of the knife, but have several times administered it, to cut short or prevent a paroxysm of the disease. In fine, with regard to chloroform, I may use the words of Dr. Haywood, of Boston, in writing of sulphuric ether: "I hardly know a state of the system, in which I should be deterred from using it, if necessary [illegible] a surgical operation, or for the relief of severe [illegible]n."

I consider the *position* of the patient a matter of great importance. It should, if possible, be free from constraint, and as nearly horizontal as may be. By attention to this we obviate the tendency to syncope, and allow the respiratory movements to be performed more freely and more easily than when the patient is upright. I have always observed this precaution when rendering persons insensible to pain for surgical or dental operations.

Thus far, in the obstetrical use of chloroform, I have not found a single recorded instance in which death has ensued from its administration. This has been attributed to the comparatively slight degree of anæsthesia produced in these cases. For myself, whilst I feel that this may perhaps have been true in a few instances, I cannot think that the *degree of narcotism* is sufficient to explain the exemption which has so remarkably characterized its use in parturition. In several of the fatal administrations, previously mentioned, the quantity used has been exceedingly small, and the time so short as to prove that complete anæsthesia could not have been produced—in the ordinary way. In my opinion, the horizontal position has been the great cause of immunity from fatal results in obstetrics.

In cases where death has been caused by chloroform, it has been impossible, in every instance, to ascertain the position of the patient. It is extremely probable, however, that in twelve out of the eighteen mentioned, the persons were *sitting* at the time of inhalation.

Occassionally, patients are met with who have to be instructed in the manner of inhaling. If left to themselves, they fail to take the vapor into the lungs in sufficient quantity to produce the desired effect, and we have those unpleasant feelings which almost always accompany an inefficient administration of the anæsthetic. In this way I have once or twice known a person resist the narcotic influence for half an hour before becoming insensible.

In surgery, it is frequently advisable, in order to avoid a shock in the way of mental impression, that the anæsthetic state should not be produced in the appartment where the operation is to be performed. It is also desirable that the patient, when practicable, should after the operation be removed to an adjoining room, in order

that, on recovering his senses, no shock may be effected by the necessity of seeing the bloody hands or instruments of the operator, or the portion that may have been removed by the knife. I am cognizant of one instance in which alarming syncope was induced by the patient suddenly beholding his amputated limb on recovering consciousness.

It is prudent to observe the precaution already pointed out by writers, with reference to the condition of the stomach. This should be empty at the time of the operation, as nausea is thus much less apt to be induced, and the surgeon is not annoyed by the vomiting of the patient, and consequent interruption of his work.

I have never known any serious symptoms as a consequence of vomiting from chloroform, and must refer to the account of *possibility*, the dangers which have been insisted on as liable to ensue from closure of the glottis by the matters ejected from the stomach.

Mode of Administration.—With regard to the manner in which chloroform should be administered, my experience has led me to adopt the plan of giving the vapor slowly from a handkerchief, the latter never being allowed to come in contact with the face, in order to insure a free admixture of atmospheric air at each inspiration. In some of Professor Simpson's papers, the contrary course was advised, viz: to give at once an overwhelming dose of the vapor, so as to avoid the stage of muscular excitement.

There can be no doubt that this plan is more dangerous than the one above mentioned. In many cases, without doubt, etherization may be safely effected by this method, but in constitutions peculiarly susceptible to the influence of the vapor (as in the case of Mr. Badger,) it should not be left for the practitioner to confess that he has neglected any one of the precautions which should be observed in the exhibition of so potent an agent. My own experience has furnished several instances in which the truth of these remarks has been made apparent. Bronchial irritation, cough, and congestion of the face, which have followed the too rapid filling of the lungs with the unmixed vapor, have all disappeared, and the anæsthetic

state been kindly produced when the precaution mentioned has been attended to.

Dr. Snow, of London, still continues to advocate the use of the inhaler, and attributes many of the fatal cases to using the handkerchief. In Scotland, however, the latter article is, I think, exclusively employed, and the great immunity from fatal consequences which has hitherto attended its use, would seem to corroberate the opinion already expressed as to its superiority, or at least to its possessing equal merit with the inhaler.

I have spoken of the necessity of paying strict attention to the state of the respiratory function during the inhalation. In proportion as the system comes more profoundly under the narcotic influence, are the voluntary muscles of respiration paralysed, until when deep anæsthesia has been effected, we find that the abdominal muscles, diaphragm, and the natural elasticity of the lungs, are the exclusive agents by which breathing is carried on. When this kind of respiration is observed, I have always made it a rule (if there were any considerable degree of dyspnea) to allow the inspiration of air alone, until the difficult breathing had been removed.

As has been generally recommended by those who have practiced the administration of chloroform or ether for surgical purposes, it may be ascertained when a patient is in a proper condition for the operation, by watching carefully for the production of voluntary muscular relaxation. The occurrence of stertorous respirations is always a sign of deep narcotism, and should warn us to suspend the anesthetic until the stertor ceases.

Means to be Used where Anesthesia is carried too far.—What shall be done in instances where animation is suspended by an overdose of the chloroform? This is a most important question, but one which I think can be much more satisfactorily answerd now than would have been the case a year ago.

I am able to speak of four cases in which after cessation of the breathing, circulating, and sensitive functions—in fact after apparent death, life has been restored by a prompt resort to what should always be our first recourse, viz: *properly performed artificial respiration.*

Two cases in which this means was successful in re-

storing suspended animation from chloroform vapor, were recorded in a letter from Mr. Ricord, contained in the September number of the *Union Médicale*, for 1849.

In the May (1850) number of the London Lancet, was the report of another instance in which life was recalled, by almost immediately resorting to artificial respiration, after seeing the inefficiency of cold air and ammonia.

The fourth case occurred to myself, and as it may be useful in impressing what I conceive to be the great value of this course of treatment, I have thought it proper to give the circumstances in detail. They were as follows:—

On the 1st of March, 1850, I was requested by Dr. Delafield, of this city, to administer chloroform to a man fifty years of age, for the purpose of having extirpation of the left eye-ball performed, on account of fungus of the part. The man had previously been in general good health, and at the time of the operation was stout and robust. He was carefully examined to ascertain if there was any visceral disease, but no indication of its existence was detected. He had been accustomed to indulge freely in the use of intoxicating drinks.

As I have frequently remarked to be the case in intemperate persons, he was long in coming under the influence of the chloroform vapor, which was administered from a handkerchief, with the precautions hitherto mentioned. His position was recumbent, on the back. In the course of inhalation, before complete anesthesia was effected, there was a considerable amount of convulsive muscular action and incoherent talking.

Seventeen minutes after the vapor was applied, there was slight stertorous respiration, and complete muscular relaxation. He was also insensible to tolerably hard pinching.*

The operation (not requiring more than a minute of time) was then performed by Dr. Delafield, and was immediately followed by a smart gush of arterial blood from

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* In this man's case there was the indisposition to respire, before alluded to. It was frequently necessary to speak to him sharply, and to excite inspiration by pressing the walls of the chest during the administration of the chloroform.

the wound. Whilst the incisions were being made, the patient groaned slightly, and made the automatic muscular motions not unfrequently seen, when anesthesia is not carried to its most profound extent.

A few seconds after the globe of the eye had been removed, Dr. Van Buren, whose finger was on the radial pulse, observed that it suddenly ceased to beat. On examining to see if respiration were still going on, this was also found to have stopped. The face previously, somewhat livid, became rapidly blanched and cadaverous, and the hemorrhage instantly ceased.

The true condition of matters was at once appreciated. To all appearances, life was extinct. The window before which the patient's head lay, was thrown open, a towel wet with cold water was slapped in his face, his body was shaken roughly, with the hope that he might be aroused. These efforts were persevered in for about a minute without the slightest success. Not a single sign of animation manifested itself.

Happening at this moment, to remember the two cases in which M. Ricord had been successful in restoring patients under similar circumstances, I at once applied my lips to those of the patient, holding his mouth open with my right hand and closing his nose with the left, and inflated the lungs, slowly and gently, so as to imitate as much as possible a natural inspiration. Dr. Van Buren, by compressing the thorax and pushing up the diaphragm, performed artificial expiration, whilst Dr. Markoe assisted by pressing the thyroid cartilage against the spinal column.

After some fifteen or twenty inspirations thus performed, occupying nearly two minutes, the patient gave a feeble gasp. This was simultaneous with a slight spirt of blood from the artery, furnishing the hemorrhage referred to. Artificial respiration was continued as above described for a minute afterwards, the pulse regaining its strength and fulness, and the face resuming its natural color as we proceeded. The hemorrhage from the wound returned, the breathing became natural, and, in a few minutes, we had the satisfaction of seeing our patient restored to life, and of hearing him speak of the operation.

From this time, no unpleasant symptom showed itself.

His convalescence was as rapid and favorable as the nature of the operation would allow, and he was soon enabled to return to his home, in an adjoining state.

From the results following the measures adopted in this case, in M. Ricord's two cases, and in that of M. Bleeck, there can, in my mind, be no doubt that our first duty in the event of suspended animation, from the use of chloroform, is to proceed *immediately* to the performance of artificial respiration.

In looking over the reports of fatal cases, I have been struck with the fact, that this means has seldom been resorted to, until all others had proved unavailing. The following is a fair illustration of the course usually adopted hitherto. It is taken from an account given of Mrs. Summers's case, the first fatal one in this country. "Ammonia was applied to the nostrils, cold water was dashed in the face, mustard, brandy, etc., applied, but she did not breathe nor exhibit any sign of life, after being placed in the recumbent position."

This case occurred during the early history of chloroform. In it, artificial respiration is not mentioned as having been employed.

In the last case, in which inhalation of chloroform was followed by death—that of Mr. Cock, of Guy's Hospital, the course adopted seems to me to have been very strange, considering what had already been published as to the means of resuscitation. It was as follows:—"Brandy, ether, ammonia, cold air, cold water, shaking, rubbing, electricity, and artificial respiration, for which purpose *the larynx was opened and a tube inserted.* If the artificial respiration, performed properly, had been tried at first, and the brandy used to bring up the rear of this host of remedies, I think the result would, very probably, have been different.

I have thought it proper to insist on the necessity of inflating the lungs, gradually and gently, so as to avoid the possibillity of rupturing the delicate tissues of the air cells. Is it at all improbable that some of the air mentioned as having been found in the veins, on post-mortem examinations, may have been owing to too powerful insufflation, in the attempt to resuscitate?

Theory as well as practice would go to show the uselessness of filling the patient's mouth with brandy, cold

water, or anything else, whilst the power of swallowing was abolished. Of no more utility would be the attempt to administer nitrous oxide or oxygen gas, as has been proposed. These can only be introduced into the lungs by inspiration. If the patient could perform this act, there would be no need of the means referred to, as the atmospheric air would answer the desired purpose.

I may mention in this place, that another means, said to have been successful in two cases threatening a fatal termination, consists in thrusting the fore and middle fingers as far as possible down the patient's throat, so as to produce irritation of the larynx. This was proposed and has been put in practice by M. Escalin. The details of the cases I am unable to give.

It would have afforded me pleasure to state to the Academy, the results of my experience in the use of chloroform and ether in the treatment of medical diseases and in obstetrics, but the length to which my paper has already extended, prevents me from more than alluding to this part of the subject at present.

I may mention that I have continued their use in parturition since the first employment of ether in this city, in October, 1847, and have had no cause to regret their administration. My testimony to their happy influence in obstetrical practice would differ in nothing from that of Channing, Simpson, Murphy, and others, whose experience has enabled them to judge fairly of their merits.*

In one case, in which the mixture of ether and chloroform was inhaled, puerperal mania followed parturition. The patient, in this instance, was seen by Dr. Samuel Henry Dickson, and by the late Dr. McDonald, of Sandford Hall, who both expressed themselves of opinion that the attack was in no wise different from those usually seen in this disease. Recovery took place in the course of five or six months. In the somewhat violent paroxysms

* I have one patient who has been confined three times whilst in the anesthetic state. On the first occasion ether was used; on the second and third, chloroform was employed. The recoveries were all speedy and uninterrupted. The children all, at present, stout and healthy. The lady in this case, for violent neuralgic pains, during pregnancy, resisting all other remedies, has taken chloroform at least one hundred times. She is now in remarkably good health.

of mania, to which this woman was subject, the tranquillizing effect of chloroform inhalations was beautifully shown. It was repeatedly administered by Dr. Van Buren and myself, and never failed to produce calmness or rest, previous use having been nearly always made of the ordinary narcotic remedies without avail.

In puerperal convulsions, I have known it used six or seven times in New York. In every case except one (in which there was rupture of the uterus) the convulsions were materially shortened, mitigated, or altogether prevented. The cases, with the exception mentioned have all recovered.

In the agonizing pains of dysmenorrhea chloroform has been found of great service. One of my patients, a young unmarried lady, has had it administered at every menstrual period, since its introduction into American practice. It has always afforded great relief to her sufferings, and has never in any way affected her injuriously.

I have several times administered it in violent attacks of colic, when the pain was so excessive as to render it desirable to procure relief as speedily as possible. In these cases (several of which were even attacks of cholera morbus,) I have found the immediate tranquillizing effects of the chloroform to assist very much the action of the ordinary opiate.

In this country and in Europe, the sedative and narcotic properties of chloroform inhalation have been taken advantage of, in the treatment of delirium tremens. In Bellevue Hospital more than thirty-five cases have been thus treated, and in every instance in which the administration has been steadily and rightly conducted, the result has proved satisfactory. It is necessary with some patients, to remain by their side for an hour or two after sleep has first been procured. As often as a disposition to awaken is shown, the application of the anesthetic should be renewed. In most cases, a long, refreshing, sobering sleep is thus produced, and the patient opens his eyes in a rational condition. In a good many of the Hospital patients alluded to, the ordinary means in general use, had been unsuccessfully tried before resorting to chloroform.

In conclusion, I would state that from the amount of

evidence now before us, I do not think we can rightly infer that good chloroform, properly administered, is more dangerous than sulphuric ether. That it is more pleasant, more prompt, and more generally applicable, I have no doubt. With increased experience, I feel disposed to believe that we shall eventually come to understand the indications and contraindications for its use, quite as well as we now understand those of any remedial agent of acknowledged power, in our pharmacopeia.

Charge against a Medical Practitioner.—A curious case has recently been tried at Gloucester, involving the reputation of a medical practitioner, Mr. Sheldon, of Cheltenham. It consisted of a charge of making improper examinations of a young girl, aged seventeen. At first the matter was heard before the magistrates of Cheltenham where it was dismissed, the Bench stating it as their opinion that Mr. Sheldon left the court "without the slightest stain upon his character." The recent trial for an assault came on before a special jury of the most respectable character.

The only witness was the prosecutrix herself, who thus details one of the interviews with Mr. Sheldon, and which constituted part of the alleged assault:—

"He examined me on that occasion, and told me to come again on the following Tuesday, and I went again on the 26th. He told me to take my clothes off; I did take all off, but my under things, all but my chemise and my flannel; he then said, 'let that down.' I did let it down. Mr. Sheldon felt my bowels and my side. I did not let it further down than the middle of my stomach, and then he felt my bowels and my side. He felt my pulse, and said it was nineteen to the dozen. He said, how frightened you are! He asked me a great many questions about my family. I went on the following Tuesday, about ten o'clock; the woman servant let me in. I went into the surgery; an elderly person was there. Mr. Sheldon said to the woman 'I must trouble you to go out.' She went out, and I remained there. Mr. Sheldon drew the blind down, and he then told me to take my things off. I said, 'What! again, sir?' He

said, 'yes, again, and again; take it off, and dont mind me at all; don't be frightened at me, for I cannot tell you if you get better without.' I took off my dress, and said, 'Not take off my stays, sir, and other things?' He said, 'Yes, you must take the whole of it off, and don't mind me, any more than if yourself was in the room.' I did take off all but my under things. Mr. Sheldon said, 'Let that down; (that was my flannel and under garment.) He had his hands on them. I said, 'I cannot let that down again sir.' He said, 'Well, I cannot tell without.' He pushed it down at the same time with great force. I held it, but Mr. Sheldon pushed it down. I pulled it up again, but he again pushed it down; it was tied, but Mr. Sheldon's force slipped the string. I think it broke; yes, it did break, as he pushed it down. I did not wish him to push it down. When that was pushed down, I did not let it go out of my hand, but Mr. Sheldon held it down below my entire body, down to about my thighs, so that my person was exposed. I tried to pull it up. Mr. Sheldon felt my bowels and my side, and tried to take further liberties with his right hand."

Other acts of familiarity were said to have followed, but it was most remarkable that the girl described two or three other interviews with Mr. Sheldon in almost the same words as the above. Scarcely a word of alteration occurred in her description of the several meetings. It appeared that the girl consulted Mr. Sheldon as a dispensary patient, for a debilitated constitution, and pain in the side; and she had ulcers on both ancles, and other repulsive symptoms; but she averred that not only did these assaults take place, but that Mr. Sheldon was so smitten with her as to propose private meetings in the neighborhood of Cheltenham, and even elopement to Bristol or Clifton, or a permanent connexion; Mr. Sheldon being a respectable married man, having a wife and family, and in an extensive practice.

A large number of professional and other witnesses were called, including the rector of Cheltenham, (the Rev. F. Close,) all of whom bore the most explicit testimony to the honorable and upright character of Mr. Sheldon through a long series of years. While this evidence was proceeding, the jury expressed some equivocal signs of their desire to bring the case to a conclusion.

The following was the termination of the trial, than which we have seldom seen anything more satisfactory :—

"Dr. Collings Robinson was called, but not answering immediately to his name,—

Mr. Keating said, Really, my lord, I won't trouble the jur with any further witnesses.

Mr. Justice Patteson: It is quite unnecessary. Gentlemen of the Jury, I don't know what *you* think of this case.

The Foreman of the Jury: My Lord, we were just about to say that we would not trouble your lordship to sum up, as we have already agreed to give a verdict for the defendant, if that would be a proper course. I have further to say that we consider that his character is altogether unstained. (Cheering.)

His Lordship: I entirely agree with you, gentlemen, and I don't believe there is one word of truth in the charge from begining to end. (Applause.) Mr. Sheldon will go out of this court without the slightest stain upon his character. No man would be safe, gentlemen, if these sort of stories were to be believed. You cannot place any reliance upon a witness who swears to conversations which took place time after time in precisely the same words. It is monstrous.

As defendant was leaving the court, the jurymen leaned over the side of their box, and shook him cordially by the hand.

Medical men must of course bear their share of slander and misrepresentation, but it does seem monstrous that on the unsupported evidence of a girl who, according to her own statement, goes again and again to be exposed and assaulted in a disgraceful manner, a respectable medical man should be put on his formal trial for such alleged offences. We cannot understand how a grand jury could have returned a true bill in such an absurd case.

However, the matter has been tried. Every medical man in the kingdom should congratulate Mr. Sheldon on the result, though in his case it could not have been otherwise than it was. There is not a practitioner to be found against whom similar accusations might not be foisted to-morrow, if persons wicked and designing enough to make such charges could be found. As is

generally the case with falsehood, too much was attempted to be proved, and the clear-sighted judge at once saw through the trickery and improbability, not to say impossibility, of the charges advanced.—*London Lancet.*

Suit for Malpractice. Prof. Spencer on Mercury in Dysentery.—A suit for malpractice was recently brought against Prof. Thomas Spencer, formerly connected with Geneva Medical college, and now a resident of Milwaukie, Wisconsin, for alleged unskilful treatment of a case of dysentery, negligence, and the administration of calomel in large doses, in consequence of all which, as was claimed, the loss of teeth and destruction of a portion of the upper jaw ensued. The patient was a girl between four and five years of age.

The ground taken for the defense, and established by medical and other testimony, was,—"1. That no calomel was administered in any doses whatever, large or small; 2. That if calomel had been administered, it would have been accordant with high medical authority, and that it was the uniform practice of the medical profession to give calomel; 3. That all needful attention was given to the case by Dr. Spencer, because it was a case of simple necrosis; because nature, and not the surgeon, was the most important agent in the cure of such cases."

The verdict was for the defendant. After the conclusion of the trial, a meeting of the medical profession of Milwaukie took place, and congratulations were tendered to Prof. S., who responded by a brief address, in which he takes occasion to give his views respecting the employment of mercury in the treatment of acute dysentery. He says:

"I must confess to the indulgence of a just pride in the science of a profession I have for so long a period assumed to teach. But it was not only in this region of the world, but under the tropics, that I have had opportunity of verifying, by careful observation and experience, the principles of treatment I have for years promulgated in acute dysentery. This disease has been the scourge of the armies of our mother country, in ages gone by, and has alike been the scourge of our own. From the 8th of

June to the first of July, upon the first arrival at Metamoras, Mexico, 507 cases of disease occurred in the 10th Regt., of which between three and four hundred were dysentery and kindred diseases, and the sole care of all without assistant surgeon or educated apothecary, was cast upon me as the medical prescriber. Notwithstanding this large number treated, but five, either in June or the two succeeding months, fell victims to this scourge of armies, while, in the Virginia Regiment during the same period, as I was informed by Dr. Cobb, its able surgeon, about ninety fell victims to this class of diseases. Not only this Virginia Regiment, but others as points of comparison, where calomel was employed by army surgeons, convinced me, that the principles and practice I so long put in requisition, in this region, were alike applicable under the tropics.

"I do not believe that partiality, a natural partiality to my own views, has brought my mind to these conclusions, because if I love self, I love medical truth more. I have been most fortunate, on this occasion, to have been surrounded by those who, with great credit to themselves, had listened to my first, last, and many intermediate courses of instruction, and who could bear testimony to my uniform denunciation of calomel as a remedy in the dysentery of children. In this, I may have been a little ultra; but no matter for that; my views were put forth, and ample experience—my own and that of others—has tested their accuracy. Far be it from me to complain, or to have complained, of this prosecution. It does the profession good to bring them up as I have been. It sets them studying their profession, and this trial has given the evidence that not only those who have gone forth among a confiding community, from under my own teaching, but all who have testified on this occasion, have given evidence that they have kept pace with the rapid progress of our science.

At the meeting referred to, a committee was appointed to prepare a report of the trial for publication in some Medical Journal.

The subject of suits for malpractice, is one in which the medical profession has not a small interest. In several points of view it presents important considerations. We had designed to have made the above case a text for an

article on the subject, and in fact had advanced somewhat in its composition, when, finding that we had entered on a field too extended for the time and space at our command at the present time, we have concluded to place this on the list of editorial topics deferred for a "more convenient season."—*Buffalo Med. Journ.*

On a Substitute for McMunn's Elixir of Opium. By EUGENE DUPUY, Pharmaceutist, New York.—Within a few years the use of this preparation of opium has been much extended in the United States, through the medium of the press, as well as from the commendation of a numerous class of our practitioners, who found it to possess a sedative property which the ordinary Tincture of Opium does not possess in a similar way. Yet many amongst them reluctantly made use of it, from the fact that its mode of preparation was kept from the public, and that the usual abuse of such preparations, fostered by *directions for use without need of medical aid*, by mothers, nurses, etc., was a great objection to its employment by that class of practitioners who want to *know, not only* what is the effect of the medicines they administer, but also, what are their component parts, and how they are prepared. Having such men among the physicians honoring my establishment with their custom, I have endeavored to prepare for their use, substitutes for some of the nostrums possessed of some efficacy. As a result of my endeavors, I will state that my substitute for McMunn's Elixir has been tested for about six years, and that it has been found to possess the sedative property peculiar to it, without any of the unpleasant effects attributed to Laudanum.

The late Dr. Smyth Rodgers, formerly Professor in the New York College of Pharmacy, during his painful illness, had frequent recourse to it, and even preferred it to McMunn's preparation, according to his attending physician's statements, although he had, at first, great reluctance to try anything else. An advantage in my substitute is, that its manipulation is exceedingly simple, and that a country physician having at hand the necessary

ingredients, can prepare it as well as the more expert pharmaceutist. I prepare it as follows:

Opium, - - -	℥x
Water, - - -	q. s.
Alcohol, 95 p. ct.	℥iv.

The opium is to be made into a thin pulp with water; the mixture allowed to stand in a cool place 48 hours, then transferred into an elongated glass funnel containing filtering paper; a superstratum of water equivalent to the bulk of the whole mass is added. When 12 ounces of liquid have been filtered, the alcohol is added to the filtered solution.*

About two-thirds of the substance of the opium is contained in the solution. The residue, consisting chiefly in resin, caoutchouc and narcotina, together with the ligneous matter. Consequently my substitute is nothing more or less than an aqueous solution of opium, nearly free from narcotina, preserved by alcohol.—*American Journal of Pharmacy.*

Complete Absence of the Uterus.—The *Gazette Médicale* mentions the following case, which shows very forcibly, that we should always, in our attempts at enlarging the vagina, recollect that the uterus may be entirely absent. The patient married at thirty-two, but never menstruated, though she had now and then a discharge from the vagina; the mammæ and the rest of the body were well formed, but she had always been indifferent to coition. The woman died at fifty-seven, of phthisis, the lungs being saturated with tubercles. The labia majora and the clitoris were of full size, but the vagina so narrow that it hardly admitted the index finger; the vaginal canal was only one inch long, and ended in a cul-de-sac, behind which there was not the slightest trace of the uterus. The Fallopian tubes were situated in the broad ligaments, the latter being placed behind the bladder. The ovaries were found under the Fallopian tubes, the former being somewhat hardened, and containing in their interior compact little masses. The uterus was completely wanting, not the least rudiment of the organ being distinguisable. —*London Lancet.*

*The proportion of opium is the same as that in Tinct. Opii of the U. S. P.

Incontinence of Urine.—M. Demaux has published two cases in the *Gazette des Hôspitaux*, January, 1851, one of a young man of twenty, the other referring to a girl of eighteen years, in which he succeeded in arresting the uncomfortable flow of urine at night by cauterizing the neck of the bladder with nitrate of silver, using Lallemand's "porte caustique" for the purpose. Various remedies had been tried in both cases, but they had all failed; cauterization, however, removed the symptoms in a very short time.—*Lon. Lancet.*

Case of Poisoning by Laudanum, resulting from a Mistake in a Physician's Prescription.—A case which has caused much sensation among the profession at Paris, was lately tried before the tribunal correctionel. The facts are briefly these:—In October, 1850, a Mr. Labbé, post-master at Alfort, near Paris, was attended for a severe indisposition, by Dr. Deguise, a highly respected practitioner of the French capital. In the course of the treatment, Dr. Deguise prescribed an injection with laudanum, and instead of writing *ten drops*, wrote *ten grammes*. (The gramme is equivalent to about fifteen grains.) The patient was soon afterwards thrown into a comatose state; but by proper treatment was completely roused, and remained quite conscious, and free from narcotic symptoms, for twenty hours. After this period he, however, suddenly grew worse, and died two days after the injection had been administered.

The authorities appointed th ee commissioners, Messrs. Cruveilheir, Devergie, and Rayer, to investigate the matter, the result of the inquiry was, that the commissioners were of opinion, that the patient had died of a low fever, *complicated* by an overdose of laudanum. The court, not seeing in this answer whether the death had resulted from the imprudence of the medical attendant or not, disregarded the verdict of the commissioners, (without ordering a post-mortem examination,) and put Dr. Deguise on his trial. The most eminent men of the faculty were examined, among whom was Orfila, the points of interest being the quantity of laudanum injected, and the period (twenty hours) during which lucidity had

been regained. The medical testimony was mainly in support of the commissioners' opinion, but the court found the accused guilty of *homicide by imprudence*, and fined him four pounds, with costs. The laudanum used was the preparation which goes by the name of Sydenham's laudanum, or compound opium-wine of the Parisian codex. We shall just transcribe its composition: Opium, two ounces; cinnamon and cloves, of each, one drachm: malaga wine, one pound. Twenty drops contain one grain of opium.—*Lon. Lancet.*

Artificial Vichy Water.—Bicarbonate of soda, dissolved in water, imitates the Vichy water very imperfectly. The *Bulletin de Therapeutique* gives the following formula for the purpose:—Bicarbonate of soda, 75 grains; chloride of sodium, 4 grains; sulphate of soda, 10 grains; sulphate of magnesia, 3 grains; sulphate of iron, one-fifth of a grain. Dissolve in a bottle of water, and use it as the natural Vichy Water. By adding 45 grains of citric acid, the water will effervesce.—*Ibid.*

Measures for Combating Sterility.—We find that Dr. Mistler has published in the *Gazette Médicale de Strasbourg* a method of his, for rendering barren women fertile. the author thinks that an abnormal narrowness of the neck and mouth of the uterus is the principal cause of sterility, and first cauterizes the internal portion of the neck with nitrate of silver, and then proceeds to dilate that canal with cones of prepared sponge, the size of which is gradually increased. Nine women were thus treated, seven of whom bore children after the above means had been persevered in for several months.—*Ibid.*

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THE SOUTHERN MEDICAL AND SURGICAL JOURNAL.

When a professional writer is so hard run as to attempt to answer a medical criticism by vulgar personalities, he betrays the weakness of the cause he advocates, and shows the inherent tendencies of his mind. In the April number of this Journal a case of lithotrity was quoted in full from the Southern Medical and Surgical Journal, and a series of remarks was appended to the quotation. There were great difficulties, in our judgment, in many of the opinions advanced, and we expressed those difficulties in respectful language. Although we had the assurance of able and experienced lithotritists that there were claims in the case, as reported, that were impossible, we did not say so in our publication. If this case stands the test of time, and proves the perfectness of the cure, it should be regarded as one of the greatest triumphs of lithotrity over lithotomy. But we wait the test of time.

In performing what we felt to be a duty, in calling attention to the extraordinary features of the case reported by Professor Dugas, we have aroused Dr. F, of the Georgia school, to the display of a fit of anger, and he indulges himself in a strain of personalities that is unworthy his character as a christian, a physician, and professor. He makes no attempt to remove the difficulties of the case. The novel idea that a

phymosis caused a dilatation of the ureters, to such an extent that a mulberry calculus, "about an inch in length," and half an inch in its short diameter, passed through the ureter without causing feeling of any kind, and that the urethra was not dilated at all by this state of things is so subversive of every principle of hydraulics with which we are acquainted, that we feel sorry Dr. F. did not have the "patience" to explain it. He says he can explain it, and we should feel under obligations to him for an explanation. The force of a flood is usually expended at the point of obstruction, not at the remotest point from the dam.

We have not space now to follow Dr. F. through all his personalities, but there are a few points to which we shall attend. While Dr. F. was looming largely on the subject of rights and privileges, we think he might have remembered the golden rule, a rule as important to medical editors as to any other class in the community.

And now to Dr. F.'s statements: First, Dr. F. infers from the surprise we expressed at the celerity of the case, that we intended to charge Dr. Dugas with falsehood. Our language can bear no such interpretation. The celerity we complained of was in the rapid manner in which the crushing was effected, and the patient pronounced well. The crushing was performed on the 12th and 13th days of February, and in a few weeks after the report of the case is announced in the Southern Medical and Surgical Journal. That there was too much rapidity in all this is the doctrine of all lithotritists. MALGAIGNE, one the highest authorities on such subjects, says: "the records of a case," (of lithotrity) "to be of value, should comprise at least one year after the patient's discharge." And Mr. Curling, of the London hospital, cautiously concludes in a recent case, after *seven months'* observation of it, that "no portion of the calculus had been left behind." If the ablest lithotritists thus acknowledge that *they* require a period of seven months or a year, in order to determine whether the whole of the calculus has been removed by Heurteloup's instrument, is there anything very grievous in asking less celerity of Professor Dugas in his *first* case? We made no insinuation of falsehood; we insinuated that more time would not have injured the claims of Professor Dugas, and if we ask nothing more of that gentleman than Malgaigne and Curling say is necessary in their cases, in order to give positive opinions, what wrong is done to Professor Dugas? The insinuation that Professor Dugas was "too hasty in his conclusions," and

the "insinuation of falsehood," are widely different matters. What possible personal feeling can we have against Professor Dugas? That the whole case is an extraordinary one, Dr. F. must admit, for Professor Dugas claims extraordinary features for it, and it is the nature of extraordinary things to cause surprise. We can see no right that Dr. F. has to ask us not to be surprised at the extraordinary features of Professor Dugas' case of calculus.

Dr. F. objects to an expression we used in saying the patient "heard something drop," and says those words nowhere occur in the report. And pray Dr. who said they did? We purposely used a provincialism, common in Kentucky as expressive of a thing unexpected, and astounding, and on account of its being a provincialism we marked it with inverted commas. In the same paragraph where this phrase occurs, when expressing the language of the patient, we use a term expressive of *feeling* a sensation of something falling.

The comments of Dr. F. upon the distinctions between "just an inch" and "about an inch" are rather small. The use of just instead of about, could have been nothing but an inadvertance, for immediately above our remarks, we had published the full report of Prof. Dugas, and thus furnished our readers the means of correcting any error we might make.

In alluding to our remarks about the dimensions of the calculus of Dr. Dugas's case, Dr. F. says he has seen a stone of the mulberry variety, "the longer or shorter diameters of which, although a little greater, were yet nearly in the same *ratio* with those of the one in question," This stone was removed by Dr. H. F. Campbell. The inference which Dr. F, tries to draw is that this sustains Dr. Dugas's measurement of his oxalate of lime calculus. Dr. F. says; "the Profession demands candor, fair dealing and justice which is proof against all seduction," and we say so too. Dr. F. surely could not expect us to know the measurements of Dr. Campbell's calculus, before he extracted it, and Dr. F. does not pretend that he knows of any other calculi of the proportions named. We had never heard of one before the case of Dr. Dugas, and we said so without expressing any opinion as to the possibility of such a formation. The ratio was named by us as one of the extraordinary features of the case, and it remains so yet.

Can Dr. F. take Heurteloup's crushing instrument, and measure the length of this calculus of Dr. Campbell, in a basin of water, in any position in which he can hold the instrument in the bladder?

We never insinuated aught against the varacity of Prof. Dugas, nor can Dr. F. point to an instance of it. A man may doubt the infallibility even of a Professor's opinions and judgments without implying anything against his veracity. The doubts expressed about the case of Professor Dugas are sustained by lithotomists in whose judgments we rely. We conversed with several before we made any remarks on the case, and each of them took the same view of the matter that we did, and no one of them supposed that he was impugning the veracity of Prof. Dugas.

The medical profession are entitled to clear well ascertained facts in all medical and surgical matters, and no one has a right to complain when extraordinary phenomena and inferences are reported, if they are subjected to rigid examination. This examination is a duty which medical editors owe to the profession at large, and it must happen occasionally that abuse, reviling, and misrepresentation will be the reward of such labors. These are often the only returns the physician gets for his most meritorious services, and the medical editor must look for similar rewards. We have no doubt that if Dr. F. could have used good argumentation, he would have dealt less in personalities.

The medical journals, within the past year, have exhibited some very extraordinary papers, but an editor who fears abuse and denunciation scarcely dares to refer to them except in the way of praise. In the *Medical Examiner*, published in Philadelphia, Dr. Ramsey, of Georgia, sometime since recorded some wonderful statistics, which attracted the attention of the chairman of the committee on obstetrics, of the American Medical Association, and he introduced Dr. Ramsey's statements into his report. When it was made to the Association, Dr. Robinson, of S. C., rose and denounced the statistics of Dr. Ramsey, and avowed himself able to demonstrate their falsity. If Dr. Robinson is right, he certainly deserves thanks for this arrest of false statistics, but we have no doubt that if Dr. Ramsey had had access to a medical journal, Dr. Robinson would have been denounced in the most approved and savage style. Quite recently, a report was published of a case of ovarian tumor, which was relieved of its contents by the introduction of a catheter through the Fallopian tube; but who that values his personal character would hint that it was an extraordinary case, and inexplicable in many of its features? Passion, rage, and violence would fly to the rescue, and talk as oily of professional honor and etiquette as though they belonged to the worst phases of human character.

That the case of Dr. Dugas was a very extraordinary one Dr. F.

must admit, for it has no analogue in the records of medicine. And we asked explanations of some of its features. Instead of giving anything of the kind, Dr. F. enters into a personal warfare, but admits that if he had "patience" he could explain one surprizing part ot the case. Now we think that "patience" was the very virtue that Dr. F. needed, and if he had possessed that christian grace, he might have acquitted himself with more credit, and rendered some service to "the choice between Lithotrity and Lithotomy." We can assure Dr. F. that as the matter stands now, among lithotomists in this region the case is not regarded as a contribution yet to surgical science. The judgment of Malgaigne, Curling and other lithotomists of high authority, stands in the path, and Dr. F's denunciation cannot remove it. Like cases of lithotrity in the hands of the most eminent surgeons in the world, this case must wait the test of time.

The character of Dr. F's response to our "Remarks" is a compliment to the strength of the objections we made in April, and we cheerfully submit that we cannot bandy epithets and personalities with Dr. F. His forte is in those materials; we are content with the less fiery, but more forcible offices of reasoning, argument and truth. B.

SANITARY REFORM.

Physicians have not a deeper interest in sanitary science than other members of society, but they are expected to take the lead in its advancement and diffusion. They are expected to be acquainted with its principles and ready to instruct communities how it may be applied to the preservation of health and life. It is not enough that they cure disease when it comes; they are looked to for the means of preventing it. Life cannot be indefinitely extended, but it is undeniable that thousands die before their time, and tens of thousands languish on sick beds through causes that might be averted. It is to the medical profession that the eyes of men are turned for a cure of this evil.

Sanitary improvement stands forth conspicuously among the great reform movements of our age. It has made most progress in England, Germany, and France, but it is beginning to attract attention in our country. The reports of the Sanitary Commissions cannot fail to create a general interest in the matter—they show, indeed, an annual, unnecessary waste of human life that staggers belief, and must lead to

reform. These reports contain not merely the year's births, marriages, and deaths, but give the date and cause of death, the occupation, age, sex, habitation, and locality of those who have died; in a word contain the sanitary history of vast communities and millions of individuals, for a series of years, by which we are enabled to compare the healthiness of various occupations and classes, and the mortality of different cities. The results which they bring out are very striking. For example, it appears from the English Registration Reports, that in about one-half of England, in towns as well as in the country, the rate of mortality is less than two per cent., while in many of its principal cities it is nearly three per cent. In London, the annual mortality is one in 39.10; in Sheffield, one in 29.28; in Liverpool, one in 34.92; in Leeds, one in 35.44; and in the whole of England, one in 45.8, or 2.18 per cent. Now, why this difference? This waste of life is dependent upon sanitary causes which are easily pointed out; and which human ingenuity and foresight might readily obviate. Filth, crowded, badly-ventilated houses, with their necessary accompaniments—these explain it nearly all.

An able writer in the North American Review, for July, furnishes some statistics on this head, which place the subject in the clearest light. He makes a comparison of three different sections of Boston, and nothing could more forcibly show the influence of locality upon human life. In the first district, comprising the best of Boston, the number of deaths for 1850 was one in 74.7 of the inhabitants, or 1.3 per cent. The next district is composed entirely of newly made land, with streets narrow, houses small, and drainage and sewerage imperfect. The inhabitants are principally mechanics and trades people, intelligent, and "as attentive to the laws of hygiene as the average of any community." Here, we learn, the mortality was one in 52.7 of the inhabitants, or 1.9 per cent.—not a high rate, certainly, but much higher than that of the first district. The third district is thus described:—

"It comprises Broad, Cove, and Sea streets. These streets are situated near the wharves. They are built principally upon made land, and have numerous blind alleys, or *cul-de-sacs*, leading from them. The streets and alleys are badly drained, and crowded with an overflowing population. A large number of the houses have no means of sewarage whatever, and all their refuse of every description stagnates about the yards, spreading on every side poisonous exhalations, laden

with disease and death. A majority of the houses contain several families, and some of them have no less than nine or ten. Even the cellars of the houses are often inhabited. In some instances, one cellar leads to another, and this to a third, a sort of dungeon, all inhabited by human beings of both sexes and every age."

The mortality of this district was *one in* 17.6 *of the population*, or 5.65 per cent., and this, as the writer just quoted observes, "in a year remarkable for its healthiness." Of the population of this district 2,738 were foreigners, and only 75 Americans. This fact explains, in part, the appalling mortality, for the excesses of such a population and their neglect of personal cleanliness are prolific sources of disease; but after making all due deductions on this score much remains to be accounted for by the character of their dwellings; and it is just here that the public authorities should interpose. Ought any city to tolerate such a plague spot as that just described? Such wretched hovels ought to be condemned as public nuisances, and if not abated in any other way, purified by fire. It would be better for a city that a conflagration should sweep over such squares of filth and wretchedness than that they should remain to diffuse all around their pestilential atmosphere.

Boston exhibits a strong case, but there can be no doubt that all large cities furnish examples similar in kind. Let any one walk through the narrow alleys of any large town, and he will discover causes enough to explain the disproportionate mortality with which they are visited. But as there is a cause, so there is a remedy for all this; not simple, not easily applied, but complicated, difficult as the evil is vast. It requires for its application the joint wisdom, address, and energy of the medical profession and our municipal authorities. The public mind must be enlightened, and the science is to come from our profession. Medical men are demonstrating that the annual mortality of most communities is far greater than it need be; they are indicating the sources of this needless waste of human life. It is for those vested with the authority to apply the remedy. The indispensable requisites to health are an ample supply of good water, pure air, and light, with sufficient drainage and sewerage, and large exercise grounds. In a broad land like ours, why should any of these be denied to the poorest of the people?

This is a subject which medical men ought to take all proper occasions to press upon public attention. Y.

HEALTH OF LOUISVILLE.

Our city continues to enjoy exemption from all epidemic diseases. But few cases of cholera have occurred during the season, and it is now nearly a month since the last case was reported. Dysentery has prevailed, to some extent, for two or three months, and is still prevailing; but cannot be said to be epidemic. We have heard, within a fortnight, of two or three fatal cases in which the patients appeared to go off in a congestive chill. In one of these, quinine is reported to have been used freely in anticipation of the chill, but without the effect of averting it.

The weather, during the last month, has been hot and dry. On Wednesday, the 16th of July, the thermometer, in a fair exposure, stood at 96 deg., and for several days previously had risen to 92 deg. In a few hours, on the 16th, a thunder-shower having come on, it fell to 76 deg., and on the mornings of the 19th and 20th it stood at 60 degrees.

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The mortality of this district was *one in* 17.6 *of the population*, or 5.65 per cent., and this, as the writer just quoted observes, "in a year remarkable for its healthiness." Of the population of this district 2,738 were foreigners, and only 75 Americans. This fact explains, in part, the appalling mortality, for the excesses of such a population and their neglect of personal cleanliness are prolific sources of disease; but after making all due deductions on this score much remains to be accounted for by the character of their dwellings; and it is just here that the public authorities should interpose. Ought any city to tolerate such a plague spot as that just described? Such wretched hovels ought to be condemned as public nuisances, and if not abated in any other way, purified by fire. It would be better for a city that a conflagration should sweep over such squares of filth and wretchedness than that they should remain to diffuse all around their pestilential atmosphere.

Boston exhibits a strong case, but there can be no doubt that all large cities furnish examples similar in kind. Let any one walk through the narrow alleys of any large town, and he will discover causes enough to explain the disproportionate mortality with which they are visited. But as there is a cause, so there is a remedy for all this; not simple, not easily applied, but complicated, difficult as the evil is vast. It requires for its application the joint wisdom, address, and energy of the medical profession and our municipal authorities. The public mind must be enlightened, and the science is to come from our profession. Medical men are demonstrating that the annual mortality of most communities is far greater than it need be; they are indicating the sources of this needless waste of human life. It is for those vested with the authority to apply the remedy. The indispensable requisites to health are an ample supply of good water, pure air, and light, with sufficient drainage and sewerage, and large exercise grounds. In a broad land like ours, why should any of these be denied to the poorest of the people?

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BAD MIDWIFERY.

Dr. A. P. Stewart, of Vienna, Illinois, has communicated to us the particulars of a case in which laceration of the perineum and of the vagina occurred in the hands of an ignorant midwife. The case is by no means a rare one. Such practice as Dr. Stewart describes is much too common in many parts of our country. The natural modesty of he sex leads to a preference of female midwives, most of whom are sadly deficient in the knowledge necessary to pursue this branch of the healing art with safety, and the consequences are often most disastrous both to mother and child. In this case, the woman was shockingly mutilated, but by the judicious interference of Dr. Stewart and Dr. Shumard she was restored to health, a perfect union of the parts having been established. Under the operation of cases such as this, the prejudice against male accoucheurs must gradually give way, and the innovation will be a happy one for those who are exposed to the perils of child-bearing. Y.

THE RETRACTION.

Under circumstances that seemed proper at the time, I had voluntarily resolved to make a retraction of one word in my response o Dr. Bullitt, in the July number of this Journal, and that resolution was formed before the number was ready for delivery. In a conversation with one of Dr. Bullitt's friends, I stated the fact of my intention, and subsequently he requested of me a declaration of my intentions so that he could communicate them to Dr. Bullitt. In order to avoid errors, I drew up an explanatory note on the subject, and gave it to the gentleman. But having learned that a very improper view has been taken of this note, and that it is used contrary to the purposes designed, I sought the gentleman to whom the note was given, and stated to him that I should make no retraction of the term "deliberate misrepresentation" contained in my response to Dr. Bullitt's assault, but should let it remain as it stood in my response. B.

KENTUCKY STATE MEDICAL SOCIETY.

We are pleased to learn that arrangements are in progress for calling a meeting of the physicians of Kentucky, in order to organize a

State Medical Society. An organization of such a society is much needed in Kentucky, for it cannot fail to promote the welfare of the profession. We shall have more to say on the subject in our next number. B.

The following Circular of the Committee on Epidemics, appointed by the American Medical Association at its recent meeting in Charleston, S. C., has been addressed to the physicians of Tennessee and Kentucky. We hope the requests of the committee will be attended to.

"CIRCULAR TO THE PHYSICIANS OF TENNESSEE AND KENTUCKY.

"*Georgetown, Ky.*, July 16, 1851.

"The American Medical Association, at its last meeting made it the duty of the undersigned to report to the next meeting, which is to be held in Richmond, Va., on the first day of May, 1852, upon the Epidemics of Tennessee and Kentucky.

"We most earnestly solicit the co-operation of our brethren of the two States, in furnishing the materials necessary to make this report. It is surely, unnecesssary to say one word upon the vast benefit to be conferred upon the community, and upon the profession, by a work of this kind, faithfully executed.

"Let no physician say, 'there are plenty of physicians to make these returns without my troubling myself about them.' No person can describe an epidemic so well as he who has been in its midst: nor can he be certain that the same epidemic does not vary in important features in different localities. It is earnestly hoped, that we will receive a return from every county in each State—even if no epidemic shall have appeared in a county, that fact is important to be known.

"It is desired, that the the returns made to us, embrace all epidemics which shall have occurred between the 1st of January and 31st of December, 1851, to be forwarded to one of us *immediately* after the last mentioned period.

"We desire *carefully observed facts*, upon any point connected with epidemics; but would suggest *particular* attention to the following heads:

"Causes supposed to have given rise to the epidemic.

"Causes which favored its spread.

"Causes which retarded its progress.

"Prophylactics.

"Age, sex, color, employment, diet, and habits as to exposure and temperance, of those most liable.

"The extent of its range.

"Prominent symptoms during its different stages.

"Proportional mortality—*Post-Mortem appearances.*

"Treatment.

"Medical Topography—including the nature of the soil and geological characters—character and average temperature of the springs and wells.

"Meteorological observations—mean, monthly, and annual temperature, weight and moisture of the atmosphere, etc., etc.

"Is it too much to request that you will fill up the annexed table,* so far as your own and your medical friends' practice will admit, and return it with your report?

"W. L. Sutton, M.D., Ch'mn, Georgetown, Ky.
"Theo. S. Bell, M.D., Louisville, Ky. } Committee.
"W. K. Bowling, M.D., Nashville, Tenn.

"We perceive that there is a movement on foot to organize a State Medical Society for Kentucky, will you give us your aid in forming it?"

UNIVERSITY OF LOUISVILLE.

We invite the attention of Students of Medicine to the fact, that a course of lectures in the Medical Department of the University of Louisville will be commenced on the first October, and that the anatomical rooms will be open at the same time. This is a virtual extension of the lecture-term, by which, we know, many students are disposed to profit.

TO CORRESPONDENTS.

We have to beg the indulgence of our correspondents. Several valuable communicatiens are on file for an early number. We solicit papers from our friends in relation to the epidemics now prevalent in the country. Cholera is appearing, from time to time, in various places, and dysentery is reported to be fatal in many parts.

Erratum.—In the paper of Dr. Osborne, for "*drachms,*" read *half* drachms of sulphate of quinine.

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* We are compelled to omit the table.

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